

www.mass.gov/abcc

LICENSE NUM	4BER: 059400005		CITY OR TOWN	LAWREN	CE
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	ME: LAWRENCE LODIESS A & PROTECTIVE	•	NT		
		ONDER OF ELAS			
	ANDOVER ST.		am cope	01010	
CITY/TOWN:		STATE: MA	ZIP CODE:	01840	
	HOYT, VARMUN TYP W.	'E OF LICENSE: Club	C.	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
DESCRIPTION	PLEASE ALSO VISIT OUR WE N OF LICENSED PREMIS	EBSITE AND ENTER YOUR EM. SES:	AIL ADDRESS		
I hereby certify	and swear under penalties	of perjury that:			
•	enewed license will be of		same premises now	licensed;	
	icensee has complied with		_		
3. the p	premises are now open for	business (If not explai	in below)		
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHON	E NUMBER:			CION NUMBER:
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	spector and the head	of the fire depart	ment for the	above
Please Check Below	<u>w:</u>		LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiain)				
DATE:					
APPLICATION FOR I	RENEWAL MUST BE FILED BY LI	CENSEES DURING THE MO	NTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 059400012		CITY OR TOWN	LAWREN	CE
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
	E: J.D. TAVERN, IN S A COLONIAL LO				
ADDRESS 283 BF	ROADWAY				
CITY/TOWN: LA	AWRENCE	STATE: MA	ZIP CODE:	01840	
MANAGER: BE	RNIER,CHARLE TY		eneral on C emise	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
	F LICENSED PREMI				
	ONE ROOM RESTA		ORAGE; FRONT A	ND REAR EX	KITS
 the rene the licer 	I swear under penalties wed license will be of unsee has complied with mises are now open for	the same type for the	monwealth relating		
SIGNED BY	Individual, Partne	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TON NUMBER:
Acts of 2004, sign	ned, attest that we are ned by the building in d (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
Please Check Below:	_		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Ll olain)				
(ii disupproved exp	·············				
DATE:					



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LICENSE NUMBER: 0	59400016		CIT	TY OR TOW	N LAWRENC	CE
APPLICATION FOR R	ENEWAL:	Annu	al	LICE	NSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: L DOING BUSINESS A ADDRESS 80 CAMBR		ISH CLUB, I	NC.			
CITY/TOWN: LAWR		STATE:	MA	ZIP CODE:	01840	
MANAGER: ROSSI,	FRANK TYPI	E OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:	ASE ALSO VISIT OUR WEI	BSITE AND ENTER	YOUR EMAIL 2	ADDRESS		
DESCRIPTION OF LIC THREE ROOMS ON S	CENSED PREMISI	ES:				
2. the licensee	ar under penalties of license will be of the has complied with a are now open for b	he same type	for the same Commony	wealth relating		
SIGNED BY	ndividual, Partner o	or Authorized	Corporate	Officer		
DATE:	TELEPHONE	E NUMBER:			ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	pector and th	e head of	the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))			OCAL LICEN y:	NSING AUTHO	ORITY
DATE:			_			
APPLICATION FOR RENEWAL	. MUST BE FILED BY LIC	CENSEES DURING	THE MONTI	H OF NOVEMBER	(M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMB	ER: 059400023		CITY OR TOW	'N LAWRENCE
APPLICATION F	OR RENEWAL:	Annual	LIC	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: POLISH AMERICA	N CITIZENS, C	CLUB, INC.	
DOING BUSINES	SS A			
ADDRESS 27 CU	URIER ST.			
CITY/TOWN: L	AWRENCE	STATE: M	A ZIP CODE:	01840
MANAGER: M	ANNION, SEAN TYPE	OF LICENSE:	Club	CATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS	
	OF LICENSED PREMISE			
	CURRIER, EXIT IN RE. ROOMS, UPPER LEVEI			
I hereby certify an	d swear under penalties o	f perjury that:		
	ewed license will be of th	• 1		
	ensee has complied with a			g to taxes; and
3. the pre	mises are now open for b	usiness (If not e	xplain below)	
SIGNED BY				
SIGNED DI	Individual, Partner o	r Authorized Co	orporate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOY	YER IDENTIFICATION NUMBER:
			(Note: NOT	Individual Social Security Number)
Acts of 2004, sign	ned by the building insp	ector and the h	ead of the fire depa	
of 2010.	nd (2) the certificate of li	quor liability i	nsurance required	by Chapter 116 of the Acts
of 2010. Please Check Below:	nd (2) the certificate of li	quor liability i		by Chapter 116 of the Acts
of 2010. Please Check Below: APPROVED:	nd (2) the certificate of h	quor liability i		
of 2010. Please Check Below: APPROVED: DISAPPROVED:		quor liability i	LOCAL LICE	
of 2010. Please Check Below: APPROVED:		quor liability i	LOCAL LICE	
of 2010. Please Check Below: APPROVED: DISAPPROVED:		quor liability i	LOCAL LICE	
of 2010. Please Check Below: APPROVED: DISAPPROVED:		quor liability i	LOCAL LICE	



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LICENSE NUMBER	R: 059400024		CITY OR TOWN	1 LAWREN	CE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CONCORDIA	SOCIAL CLUB, INC.			
DOING BUSINESS	A CONCORDIA	A SOCIAL CLUB			
ADDRESS 1 EAST	PLATT ST.				
CITY/TOWN: LAV	WRENCE	STATE: MA	ZIP CODE:	01840	
MANAGER: MAG PAU	· · · · · · · · · · · · · · · · · · ·	TYPE OF LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		UR WEBSITE AND ENTER YOUR EM EMISES:	IAIL ADDRESS		
I hereby certify and s	swear under pena	lties of perjury that:			
• •	-	e of the same type for the	same premises no	w licensed;	
2. the licens	ee has complied	with all laws of the Comm	nonwealth relating	to taxes; and	
3. the premi	ses are now open	for business (If not expla	in below)		
SIGNED BY	Individual, Par	tner or Authorized Corpo	rate Officer		
DATE:	TELEPH	IONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	d by the building	are in possession (1) the g inspector and the head e of liquor liability insur	of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain					
(11 disappioved expir	am <i>)</i>				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED	BY LICENSEES DURING THE MO	ONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NU	MBER: 059400025		CITY OR TOWN LAWRE	NCE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: THE BLARNE	Y STONE INC		
DOING BUSI	NESS A			
ADDRESS 17	9 ESSEX ST			
CITY/TOWN:	: LAWRENCE	STATE: MA	ZIP CODE: 01840	
MANAGER:	ALLICON, CHRISTOPHER	TYPE OF LICENSE: Ger pre	neral on CATEGORY mise	7: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PRE			
2 ROOMS ON ST	N STREET FLOOR; EN	TRANCE AND EXIT C	ON JACKSON ST; ONE EXIT	ON ESSEX
I hereby certify	y and swear under penal	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	same premises now licensed;	
2. the	licensee has complied v	with all laws of the Comr	nonwealth relating to taxes; and	d
3. the	premises are now open	for business (If not expla	ain below)	
SIGNED BY				
	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	ii Security Number)
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by Cha d of the fire department for the rance required by Chapter 1	he above
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiain)			
DATE:				



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LICENSE NUMBE	R: 059400026		CITY OR TOW	N LAWRENCE
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	THE CLADDAG	H PUB & RESTAUF	RANT, INC.	
DOING BUSINESS	A THE CLADDA	GH PUB & RESTAU	JRANT	
ADDRESS 399 CA	NAL STREET			
CITY/TOWN: LA	WRENCE	STATE: MA	ZIP CODE:	01840
MANAGER: MOI	RTON, PAUL TY	YPE OF LICENSE: R	estaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:		_		
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
STREET FLOOR, F THIS DESCRIPTION		REXITS, DELIVERY	Y IN REAR. ADDI	ING 2ND FLOOR TO
I hereby certify and	swear under penaltie	es of perjury that:		
1. the renew	ved license will be o	of the same type for th	e same premises no	ow licensed;
2. the licens	see has complied wit	th all laws of the Con	nmonwealth relating	g to taxes; and
3. the premi	ises are now open for	or business (If not exp	olain below)	
SIGNED BY	Individual Partne	er or Authorized Corp	orate Officer	
	marviduai, i artik	or rumorized corp	orace officer	
DATE:	TEI EDHO	NE NUMBER:	EMPLOY	ER IDENTIFICATION NUMBER:
	TEEETHO	NE NOWIDER.		Individual Social Security Number)
*** 41 1 .	1 44 441 4	• 41.41	1 4.00	. 11 61 4 204 64
				ired by Chapter 304 of the rtment for the above
named license and of 2010.	(2) the certificate of	of liquor liability ins	urance required b	y Chapter 116 of the Acts
Please Check Below:			LOCAL LICE	NSING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
			-	
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 16A)



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LICENSE NU	MBER: 059400028		CITY OR TOWN LAWRE	INCE
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: SOPHIE'S	OF LAWRENCE INC		
DOING BUSI	NESS A EDDIE M	ANN'S		
ADDRESS 80	JACKSON STREE	ĬΤ		
CITY/TOWN:	LAWRENCE	STATE: MA	ZIP CODE: 01840	
MANAGER:	MANSOR, EDMUND J.	TYPE OF LICENSE: Gen pren		Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED F			
TWO ROOMS STORAGE.	S; STREET FLOOR	ENTRANCE JACKSON ST	C;REAR EXIT; CELLAR FO	R
I hereby certify	y and swear under p	enalties of perjury that:		
1. the	renewed license wil	Il be of the same type for the s	same premises now licensed;	
2. the	licensee has compli	ed with all laws of the Comm	onwealth relating to taxes; an	d
3. the	premises are now o	pen for business (If not explain	in below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpor	rate Officer	
DATE:	TELF	EPHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	al Security Number)
We the under	rsigned, attest that	we are in possession (1) the	certificate required by Cha	nter 304 of the
Acts of 2004,	signed by the build	ding inspector and the head	of the fire department for t	he above
named license of 2010.	e and (2) the certifi	cate of liquor liability insur	rance required by Chapter 1	16 of the Acts
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	-
DISAPPROVI			•	
(If disapproved	d explain)			
DATE:				
<i>ν</i> , 11 μ.				



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LICENSE NUM	MBER: 059400043		CIT	ΓY OR TOW	N LAWRENC	CE
APPLICATION	N FOR RENEWAL:	Annu	al	LICI	ENSED FOR 20	013
		CLAS	SS			YEAR
DOING BUSIN	AME: ARLINGTON ATHINESS A HAMPSHIRE ST	LETIC & SO	CIAL CLU	JB, INC.		
CITY/TOWN:		STATE:	MA	ZIP CODE:	01840	
				ZIP CODE:		
MANAGER:	POIRIER, JOSEPH TYPE R.	E OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL	ADDRESS		
	N OF LICENSED PREMISE					
TWO FLOORS	S; FRONT AND REAR EXI	TS; STORA	GE IN CEI	LLAR		
, ,	and swear under penalties o					
	renewed license will be of th			_		
	licensee has complied with a				g to taxes; and	
3. the 1	premises are now open for b	usiness (If no	ot explain b	pelow)		
SIGNED BY	Individual, Partner o	r Authorized	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
Acts of 2004,	signed, attest that we are in signed by the building insp and (2) the certificate of li	ector and th	e head of	the fire depa	rtment for the	above
Please Check Belo	w:		L	OCAL LICE	NSING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVE						
(If disapproved	explain)		-			
			-			
DATE:			-			
APPLICATION FOR	RENEWAL MUST BE FILED BY LIC	ENSEES DURING	3 THE MONTE	1 OF NOVEMBER	R (M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER	K: 059400044		CITY OR TOW	VIN LAWKEN	CE
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ITALIAN TE	RIPOLI CLUB			
DOING BUSINESS	A				
ADDRESS 113 HA	VERHILL ST				
CITY/TOWN: LA	WRENCE	STATE: MA	ZIP CODE	: 01840	
	RRELLE, CHONY	TYPE OF LICENSE:C	lub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		OUR WEBSITE AND ENTER YOUR REMISES:	EMAIL ADDRESS		
I hereby certify and	swear under per	nalties of perjury that:			
1. the renew	ved license will	be of the same type for th	ie same premises r	now licensed;	
2. the licens	see has complied	d with all laws of the Con	nmonwealth relatir	ng to taxes; and	
3. the premi	ises are now ope	en for business (If not exp	olain below)		
SIGNED BY	Individual, P	artner or Authorized Corp	porate Officer		
DATE:	TELEF	PHONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	d by the buildi	ve are in possession (1) t ing inspector and the he ate of liquor liability ins	ad of the fire dep	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	ain)				
(ii disappiored expi	·····/				
D. 4.555					
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER:	059400050		CI	ΓY OR TOW	N LAWRENC	CE
APPLICATION FOR	RENEWAL:	Annua	ıl	LICE	ENSED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 41 KNOX	A	DING & PRO	GRESSIV	E SOCEITY		
CITY/TOWN: LAW		STATE:	MA	ZIP CODE:	01840	
						A 11 A 1 1 1
MANAGER: Betite EMAIL ADDRESS: P	LEASE ALSO VISIT OUR W	PE OF LICENS EBSITE AND ENTER			CATEGORY:	
DESCRIPTION OF L	ICENSED PREMI	SES:				
TWO FLOORS, TWO	O ROOMS ON EAC	CH FLOOR, KI	TCHEN,N	MEETING RO	OOM AND BAI	R
2. the license	d license will be of e has complied with es are now open for	all laws of the	Commonv	wealth relating		
SIGNED BY	Individual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON	IE NUMBER:			ER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and th	e head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)			OCAL LICE	NSING AUTHO	ORITY
DATE:			_			
APPLICATION FOR RENEW	AL MUST BE FILED BY L	ICENSEES DURING	THE MONTE	H OF NOVEMBER	(M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400	052	CITY OR TOWN	LAWRENCE
APPLICATION FOR RENEW	VAL: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: XAVIE	R'S PLACE, INC		
DOING BUSINESS A			
ADDRESS 245 LAWRENCE	ST		
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE:	01840
MANAGER: YAGUAL, LU	JIS J. TYPE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS DESCRIPTION OF LICENSI	O VISIT OUR WEBSITE AND ENTER YOUR ED PREMISES:	R EMAIL ADDRESS	
2. the licensee has co	e will be of the same type for the mplied with all laws of the Coron ow open for business (If not ex	mmonwealth relating to	
SIGNED BY Individ	ual, Partner or Authorized Con	porate Officer	
DATE: T	ELEPHONE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, signed by the l	that we are in possession (1) puilding inspector and the he ertificate of liquor liability in	ead of the fire departn	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400054	CI	ITY OR TOWN LAWRENCE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: OASIS COMM	MUNITY CENTER INC.		
DOING BUSINESS A			
ADDRESS 120 BROADWAY			
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE: 01840	
MANAGER: MATOV, ALEX	TYPE OF LICENSE: Club	CATEGORY: All Alcoho	1
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREFROM STEVEN FOURNIER I hereby certify and swear under pena 1. the renewed license will be 2. the licensee has complied a 3. the premises are now open SIGNED BY	lties of perjury that: e of the same type for the san with all laws of the Common	me premises now licensed; nwealth relating to taxes; and below)	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat	g inspector and the head of	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts	e)
of 2010.	•	• •	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400060	CI	TY OR TOWN LAWREN	CE
APPLICATION FOR RENEWAL:	nnual	LICENSED FOR 2	013
C	LASS		YEAR
LICENSEE NAME: MEAD MANAGEMENT CO	RPORATION	ſ	
DOING BUSINESS A FROSTY MUG			
ADDRESS 275 MERRIMACK ST			
CITY/TOWN: LAWRENCE STAT	E: MA	ZIP CODE: 01840	
MANAGER: DEMERS, TYPE OF LIC MICHAEL A.	ENSE: Restaur	cant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
FIRST FLOOR; THREE ROOMS, BAR; KITCHEI ON THE FRONT OF THE BUILDING; EXIT ON PEOPLE FROM 11am til 1am all year			
I hereby certify and swear under penalties of perjury	that:		
1. the renewed license will be of the same t	ype for the sam	ne premises now licensed;	
2. the licensee has complied with all laws o			
3. the premises are now open for business (If not explain b	pelow)	
SIGNED BY Individual, Partner or Author	ized Corporate	Officer	
,			
DATE: TELEPHONE NUMBI	ER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
	311.	(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector an named license and (2) the certificate of liquor lia of 2010.	d the head of	the fire department for the	e above
Please Check Below:	L	OCAL LICENSING AUTH	ORITY
APPROVED:	В	By:	
DISAPPROVED:			
(If disapproved explain)	-		
	-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400063	(CITY OR TOWN	LAWRENCE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: JULIAN STOPY	'RA POST POLISH AM.	VETS., INC.	
DOING BUSINESS A			
ADDRESS 23 MONMOUTH ST			
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE:	01840
MANAGER: Jezierski, Wesley T	YPE OF LICENSE: Club	CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
1. the renewed license will be a complied w. 3. the premises are now open f.	of the same type for the sa ith all laws of the Commo	nwealth relating to	
SIGNED BY Individual, Partr	ner or Authorized Corpora	ate Officer	
DATE: TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head o	of the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 059400065		CITY OR TOWN	LAWRENG	CE
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 24 NEW	BURY ST.				
CITY/TOWN: LAV	WRENCE	STATE: MA	ZIP CODE:	01840	
MANAGER: ABA	D, NURYS A. TY	PE OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
ONE LARGE ROOM	M ON FIRST FLOO	R; CELLAR FOR ST	TORAGE; FRONT I	ENTRANCE;	REAR
I hereby certify and s	swear under penalties	s of perjury that:			
1. the renew	ved license will be of	the same type for the	e same premises now	licensed;	
2. the licens	see has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premi	ises are now open for	business (If not exp	lain below)		
SIGNED BY					
	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signed	d, attest that we are d by the building in (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
D + 177					
DATE:					



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LICENSE NU	MBER: 059400072		CITY OR TOWN LAWREN	NCE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: BERKELEY SO NESS A PLEASANT ST.	CIAL CLUB, INC.		
	LAWRENCE	STATE: MA	ZIP CODE: 01840	
MANAGER:	BETTENCOURT, T ANTONIO	YPE OF LICENSE:Clu	b CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT OUR N OF LICENSED PREM	R WEBSITE AND ENTER YOUR EM MISES:	IAIL ADDRESS	
1. the 2. the	licensee has complied w	of the same type for the	same premises now licensed; nonwealth relating to taxes; and in below)	l
SIGNED BY	Individual, Partı	ner or Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the building	inspector and the head	certificate required by Chap of the fire department for th rance required by Chapter 11	e above
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED B	Y LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 059400073		CITY OR TOWN	LAWRENCE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MOTTA'S LAWR	ENCE COUNTRY C	LUB, INC	
DOING BUSINESS	A OASIS NIGHT C	CLUB		
ADDRESS 147-55 J	ACKSON STREET			
CITY/TOWN: LAV	WRENCE	STATE: MA	ZIP CODE:	01840
MANAGER: MOT	ΓΤΑ, ROSARIO TYI	PE OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
147-155 JACKSON STORAGE, 2 REST				XIT, CELLAR FOR
I hereby certify and s	swear under penalties	of perjury that:		
1. the renew	ved license will be of	the same type for the	same premises now	licensed;
	ee has complied with		•	o taxes; and
3. the premi	ses are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
	,			
DATE:	TEI EPHON	E NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	TEEEI IIOIV	E NOMBER.	(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, signed	d by the building in	spector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	• >			
(If disapproved explain	ain)			



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LICENSE NU.	MBER: 059400074	'	CITY OR TOWN LAWRENCE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: PORTUGUESE	AMERICAN SALAZAI	R CLUB, INC.
DOING BUSI	NESS A		
ADDRESS 2 S	SARATOGA ST.		
CITY/TOWN:	LAWRENCE	STATE: MA	ZIP CODE: 01840
MANAGER:	DE MELO,HELIO T'SERPA	YPE OF LICENSE: Club	b CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
DESCRIPTIO	PLEASE ALSO VISIT OUR N OF LICENSED PREM	WEBSITE AND ENTER YOUR EM. MISES:	IAIL ADDRESS
I hereby certify	y and swear under penalti	es of perjury that:	
1. the	renewed license will be o	of the same type for the s	same premises now licensed;
2. the	licensee has complied wi	th all laws of the Comm	nonwealth relating to taxes; and
3. the	premises are now open for	or business (If not explai	in below)
SIGNED BY	Individual, Partn	er or Authorized Corpor	rate Officer
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building i	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROVI			
(If disapproved	i expiaiii)		
DATE:			
APPLICATION FOR	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE MC	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 059400078		CITY OR TOWN L	AWRENCE
APPLICATION FOR RENEWAL:	Annual	LICENSEI	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: JEFF'S TAVERN II DOING BUSINESS A LIGHT SHIP LOU			
ADDRESS 118 SO. UNION ST.			
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE:	01840
MANAGER: SILVA, DARRYL TYP	E OF LICENSE: Res	taurant CATI	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS FRONT ENTRANCE ON SO. UNION ST AREA, KITCHEN, REST ROOMS, CELL PREMISES BY AN ADDITION OF 57' X	Γ, EXIT IN REAR, T LAR FOR STORAGI Δ 20 TO LOUNGE A	E. EXPANDING THE	
I hereby certify and swear under penalties			
1. the renewed license will be of t	* *	-	
2. the licensee has complied with3. the premises are now open for		· ·	xes; and
3. the premises are now open for	ousiness (II not expla	m below)	
SIGNED BY			
	or Authorized Corpor	rate Officer	
DATE: TELEPHONI	E NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	of the fire departmen	nt for the above
Please Check Below:		LOCAL LICENSIN	G AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
(If disapproved explain)			
(If disapproved explain)			



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LICENSE NUMBER: 059400079	•	CITY OR TOWN LAWREN	NCE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: WOODALL,INDOING BUSINESS A J & B LOUNADDRESS 151 SO. UNION ST.			
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE: 01840	
	TYPE OF LICENSE: Gene prem		: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
TWO STORY BLDG; RESTAURAN AND REAR EXITS	NT ON FIRST FLOOR; CF	ELLAR FOR STORAGE; BAI	R; FRONT
I hereby certify and swear under pena	alties of perjury that:		
 the renewed license will b the licensee has complied the premises are now oper 	with all laws of the Commo	onwealth relating to taxes; and	I
SIGNED BY Individual, Par	rtner or Authorized Corpor	rate Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificat of 2010.	g inspector and the head	of the fire department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NOMBE	R: 059400082		CI	TY OR TOWN	LAWREN	CE
APPLICATION FO	R RENEWAL:	Annu	al	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	HAYES TAVER	N VENTURES	LLC			
DOING BUSINESS	A HAYES TAVE	RN				
ADDRESS 167 SO.	UNION ST.					
CITY/TOWN: LAV	WRENCE	STATE:	MA	ZIP CODE:	01840	
MANAGER: LAR DAN	RATONDA, TY NIEL A.	PE OF LICEN	SE:Genera premis		ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR		YOUR EMAIL	ADDRESS		
DESCRIPTION OF			AD EXIT	L CTODACE IN	CELLAD	
ONE FLOOR; ONE I hereby certify and				; STORAGE IN	CELLAR	
•	ved license will be o	1 0 0		ne premises nov	v licensed:	
	see has complied wit			_		
3. the premi	ises are now open fo	or business (If no	ot explain	below)		
SIGNED BY				0.67		
SIGNED BY	Individual, Partne	er or Authorized	Corporate	e Officer		
SIGNED BY	Individual, Partne	er or Authorized	Corporate	e Officer		
			Corporate		D IDENTIFICAT	NON NUMBER.
SIGNED BY DATE:		er or Authorized	Corporate	EMPLOYE		TON NUMBER:
DATE:	TELEPHO.	NE NUMBER:		EMPLOYE (Note: <u>NOT</u> In	dividual Social S	ecurity Number)
	TELEPHO ed, attest that we ar ed by the building in	NE NUMBER: re in possession nspector and th	(1) the ce ne head of	EMPLOYE (Note: <u>NOT</u> In ertificate requir the fire depart	dividual Social S red by Chapt ement for the	er 304 of the above
DATE: We the undersigne Acts of 2004, signe named license and	TELEPHO ed, attest that we ar ed by the building in	NE NUMBER: re in possession nspector and th	(1) the ce he head of ty insuran	EMPLOYE (Note: <u>NOT</u> In ertificate requir the fire depart	dividual Social S red by Chapt ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHO ed, attest that we ar ed by the building in	NE NUMBER: re in possession nspector and th	(1) the ce he head of ty insuran	EMPLOYE (Note: <u>NOT</u> In ertificate requir the fire depart ace required by	dividual Social S red by Chapt ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHO: ed, attest that we are d by the building in (2) the certificate of	NE NUMBER: re in possession nspector and th	(1) the ce he head of ty insuran	EMPLOYE (Note: NOT Intertificate required the fire department of the required by	dividual Social S red by Chapt ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHO: ed, attest that we are d by the building in (2) the certificate of	NE NUMBER: re in possession nspector and th	(1) the ce he head of ty insuran	EMPLOYE (Note: NOT Intertificate required the fire department of the required by	dividual Social S red by Chapt ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHO: ed, attest that we are d by the building in (2) the certificate of	NE NUMBER: re in possession nspector and th	(1) the ce he head of ty insuran	EMPLOYE (Note: NOT Intertificate required the fire department of the required by	dividual Social S red by Chapt ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHO: ed, attest that we are d by the building in (2) the certificate of	NE NUMBER: re in possession nspector and th	(1) the ce he head of ty insuran	EMPLOYE (Note: NOT Intertificate required the fire department of the required by	dividual Social S red by Chapt ment for the Chapter 116	er 304 of the above of the Acts



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LICENSE NU	MBER: 059400084		CITY OR TOWN	LAWRENC	Œ
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
DOING BUSI	AME: L & H SOUTHS NESS A SOUTH BROADWAY				
	: LAWRENCE	STATE: MA	ZIP CODE:	01852	
		YPE OF LICENSE: Ge		ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
		R WEBSITE AND ENTER YOUR E	CMAIL ADDRESS		l
DESCRIPTIO	N OF LICENSED PREM	MISES:			
ADDING AN	OUTSIDE DECK TO A	.CCOMIDATE TABLE	ES & CHAIRS		
I hereby certif	y and swear under penalt	ies of perjury that:			
1. the	renewed license will be	of the same type for the	e same premises now	licensed;	
2. the	licensee has complied w	rith all laws of the Com	monwealth relating to	taxes; and	
3. the	premises are now open f	for business (If not expl	lain below)		
SIGNED BY	Individual, Partı	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: NOT Ind	IDENTIFICAT	
Acts of 2004,	rsigned, attest that we a signed by the building e and (2) the certificate	inspector and the hea	d of the fire departr	nent for the	above
Please Check Bel			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
OISAPPROVI (If disapprove					
DATE:					
APPLICATION FOI	R RENEWAL MUST BE FILED B	Y LICENSEES DURING THE N	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	A)



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LICENSE NUME	BER: 059400085		Cl	TY OR TOWN	LAWREN	JE
APPLICATION I	FOR RENEWAL:	Annua	ા	LICEN	SED FOR 20	013
		CLAS	S			YEAR
DOING BUSINE		OCIAL & POLITIC	CAL CLU	B, INC.		
CITY/TOWN: L	AWRENCE	STATE:	MA	ZIP CODE:	01840	
MANAGER: B	YRON, JASON	TYPE OF LICENS	SE:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAII	ADDRESS		
	OF LICENSED PR					
	EA; FIRST FLOOR BASEMENT ARE	; BACK HALL,HA A	LL BASE	EMENT, TWO R	RESTROOMS	S;
I hereby certify ar	nd swear under pen	alties of perjury that	:			
1. the ren	newed license will b	e of the same type f	or the sar	ne premises now	licensed;	
2. the lice	ensee has complied	with all laws of the	Common	wealth relating t	o taxes; and	
3. the pre	emises are now ope	n for business (If no	t explain	below)		
SIGNED BY	Individual, Pa	artner or Authorized	Corporat	e Officer		
DATE:	TELEP	HONE NUMBER:				TION NUMBER:
Acts of 2004, sig	ned by the building	e are in possession ng inspector and th te of liquor liabilit	e head of	the fire depart	ment for the	above
Please Check Below:]	LOCAL LICENS	SING AUTH	ORITY
APPROVED:]	Ву:		
DISAPPROVED (If disapproved ex						
(II disupproved of	-F/					
D 4 777						
DATE:						
APPLICATION FOR RE	NEWAL MUST BE FILEI	BY LICENSEES DURING	THE MONT	TH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 10	5A)



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LICENSE NUMBER:	059400086		CITY OR TOW	VN LAWRENC	CE
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		GHTER'S ASSOC	CIATION, INC.		
ADDRESS one market	t st				
CITY/TOWN: LAWI	RENCE	STATE: MA	ZIP CODE	: 01840	
MANAGER: KANE	, BRIAN TYPE C	OF LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		_
ONE MARKET STRE FLOORS AND CELL. ACCESSED FROM M	EET. TWO STORY BL AR LOCATED ON M. IAIL BLDG. ONLY	DG. TWO ENTI			
 I hereby certify and swear under penalties of perjury that: the renewed license will be of the same type for the same premises now licensed; the licensee has complied with all laws of the Commonwealth relating to taxes; and the premises are now open for business (If not explain below) 					
SIGNED BY	Individual, Partner or A	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	UMBER:		YER IDENTIFICAT	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICE By:	ENSING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400	J096	CITY OR TOWN LAWKEN	ICE
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: CARO DOING BUSINESS A			
ADDRESS 239 BROADWA		7ID CODE 01042	
CITY/TOWN: LAWRENCE			
MANAGER: DINIZ, JOAC	TYPE OF LICENSE:	Package Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOU	t EMAIL ADDRESS	
DESCRIPTION OF LICENS			
FIRST FLOOR CONSISTIN AND REAR EXIT	G OF TWO ROOMS; CELLA	R FOR STORAGE; FRONT ENT	RANCE
2. the licensee has co 3. the premises are n SIGNED BY	* *		
DATE:	ΓELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400098		CITY OR TOWN LAWREN	NCE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: ANTOINE K	ARKO		
DOING BUSINESS A TONY'S LIC	QUORS		
ADDRESS 128 NEWBURY ST.			
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE: 01841	
MANAGER:	TYPE OF LICENSE: Pac	ckage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PR	EMISES:		
STREET FLOOR; FRONT AND RI	EAR EXIT; CELLAR FO	R STORAGE	
I hereby certify and swear under pen	nalties of perjury that:		
1. the renewed license will l	be of the same type for the	same premises now licensed;	
2. the licensee has complied	d with all laws of the Com	nonwealth relating to taxes; and	
3. the premises are now ope	en for business (If not expl	ain below)	
SIGNED BY			
Individual, Pa	artner or Authorized Corpo	orate Officer	
			1
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
IBEEI	HOIVE IVOIMBER.	(Note: NOT Individual Social	Security Number)
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
(II disupproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400099		CITY OR TOWN	LAWRENCE
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: DISCOUNT LICENSEE	QUOR MART, INC.		
DOING BUSINESS A QUALITY BR	ANDS LIQUORS		
ADDRESS 103-109 BROADWAY			
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE:	01841
MANAGER: PATEL, YATIN T	YPE OF LICENSE: Pacl	kage Store CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	MISES:		
ONE LEVEL BLDG. W/ FRONT ENT BASEMENT STORAGE AND OFFIC ACCESSIBLE.			
3. the premises are now open to SIGNED BY Individual, Parts	for business (If not expla		
21102 / 200011, 2 012	or raumonized corpor		
DATE: TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED:			NG AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400	100	CITY OR TOWN LAWRENCE	CE
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: SWEEN DOING BUSINESS A	NEYS PKG STORE,INC		
ADDRESS 90 ESSEX ST			
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE: 01840	
MANAGER: PONTI, JOSE	PH F TYPE OF LICENSE:P	Cackage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	_
DESCRIPTION OF LICENSE	ED PREMISES:		
STREET FLOOR; THREE ROEXIT	OOMS; CELLAR FOR STOR.	AGE;ONE ENTRANCE; ONE RE	AR
2. the licensee has con 3. the premises are no SIGNED BY	**		
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS	ORITY
DATE:		-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	59400102		CITY OR TOV	VN LAWKEN	CE
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: E DOING BUSINESS A		CO INC			
ADDRESS 434 BROA			ZID CODE	. 01042	
CITY/TOWN: LAWR		STATE: MA	ZIP CODE		
MANAGER: ESPINO	OLA, GENE T	YPE OF LICENSE: Pa	ickage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LIC STREET FLOOR AND FOOTAGETO INCL	REAR EXIT. (CELLAR FOR STORA	AGE. ADDING N	MORE INTERIC)R
2. the licensee 3. the premises SIGNED BY	has complied wi are now open fo	of the same type for the the all laws of the Comport business (If not expert or Authorized Corport or Authorized Corport has been same type for the same typ	nmonwealth relati		
	,				
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICI By:	ENSING AUTH	ORITY
DISAPPROVED:(If disapproved explain))				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	ENSE NUMBER: 059400103 CITY OR TOWN LAWRENCE				Œ	
APPLICATION FOR R	ENEWAL:	Annual	LICENS	SED FOR 20	13	
		CLASS			YEAR	
LICENSEE NAME: P	RIMOS LIQUORS,	INC.				
DOING BUSINESS A						
ADDRESS 450 HAVE	RHILL ST					
CITY/TOWN: LAWR	ENCE	STATE: MA	ZIP CODE:	01842		
MANAGER: ESPINO	DLA, David TYPE	OF LICENSE:Pac	kage Store CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS						
DESCRIPTION OF LICENSED PREMISES:						
one floor with 2 exits on main floor, storage space on back of business, one bathroom and to include additional 700 sf to existing structure						
 I hereby certify and swear under penalties of perjury that: the renewed license will be of the same type for the same premises now licensed; the licensee has complied with all laws of the Commonwealth relating to taxes; and the premises are now open for business (If not explain below) 						
SIGNED BY	ndividual, Partner or	r Authorized Corpo	rate Officer			
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 059400104		CITY OR TOWN	LAWRENCE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: HAMEL PK	G STORE,INCORPORA	TED	
DOING BUSIN	NESS A			
ADDRESS 678	8 HAVERHILL ST			
CITY/TOWN:	LAWRENCE	STATE: MA	ZIP CODE:	01843
MANAGER:	VECCHIOLLA, BRIAN	TYPE OF LICENSE:	Cackage Store C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
SALES AREA		RANCES: 2 EXITS: 2 ST E ROOMS: SECOND FL L APARTMENTS		
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now	licensed;
2. the	licensee has complie	d with all laws of the Cor	nmonwealth relating t	o taxes; and
3. the	premises are now op	en for business (If not ex	plain below)	
SIGNED BY				
	Individual, P	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Please Check Belo	ow:		LOCALLICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE	ED:		,	
(If disapproved	l explain)			
			-	
DATE				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	059400105		CITY OR TOW	N LAWKEN	CE
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 260 JACK	BACK BAY L				
CITY/TOWN: LAW		STATE: MA	ZIP CODE:	01843	
MANAGER: GARC	IA, LUIS I	YPE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L		RWEBSITE AND ENTER YOUR E MISES:	MAIL ADDRESS		
ONE FLOOR WITH I			STORAGE		
2. the licensee	l license will be a has complied w	of the same type for the ith all laws of the Comfor business (If not explanation)	monwealth relating		
SIGNED BY	Individual, Partr	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	9400106		CI	TY OR TOW	N LAWREN	CE
APPLICATION FOR RE	ENEWAL:	Annu	ıal	LICE	ENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME: M	DK RAM CORP					
DOING BUSINESS A	Hewitt's Liquors					
ADDRESS 109 LAWRE	NCE ST					
CITY/TOWN: LAWRE	INCE	STATE:	MA	ZIP CODE:	01843	
MANAGER: Patel, Vi	pul M. TYPE	E OF LICEN	SE:Packag	ge Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LICE I hereby certify and swea		ES:		ADDRESS		
 the renewed li the licensee h 	icense will be of the as complied with a are now open for b	ne same type	for the san e Common	wealth relating		
SIGNED BY	dividual, Partner o	or Authorized	l Corporate	e Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICE By:	NSING AUTH	ORITY
DATE:			=			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 059400107		CITY OR TOWN	LAWRENCE
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
DOING BUSI	NESS A SANTO DO	_		
ADDRESS 23	3-35 PARK ST HAM	PS		
CITY/TOWN:	LAWRENCE	STATE: MA	ZIP CODE:	01843
MANAGER:	CORREIA, MANUEL V.	TYPE OF LICENSE: Pa	ackage Store CA	TEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
TWO LARGE	ROOMS DIVIDED I	NTO SELLING AND ST	TORAGE AREA	
	premises are now ope	with all laws of the Com n for business (If not exp	olain below)	ares, and
DATE:	TELEP	HONE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSIN By:	NG AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400108		CITY OR TOWN LAWREN	CE				
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013				
	CLASS		YEAR				
LICENSEE NAME: TEJAL LIQUORS II	NC.						
DOING BUSINESS A MT. VERNON LIC	QUORS						
ADDRESS 421 S BROADWAY							
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE: 01843					
MANAGER: PATEL, PRITESH TYPE	E OF LICENSE: Pac	kage Store CATEGORY:	All Alcohol				
EMAIL ADDRESS:							
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISE	ES:						
ONE ROOM ON STREET FLOOR; FRONT AND REAR EXITS; CELLAR FOR STORAGE							
I hereby certify and swear under penalties of perjury that:							
1. the renewed license will be of the	ie same type for the	same premises now licensed;					
2. the licensee has complied with a	ll laws of the Comm	nonwealth relating to taxes; and					
3. the premises are now open for b	usiness (If not expla	in below)					
SIGNED BY							
Individual, Partner of	or Authorized Corpor	rate Officer					
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:				
		(Note: NOT Individual Social S	Security Number)				
Diago Charle Dalama							
Please Check Below: APPROVED:		LOCAL LICENSING AUTHOR	ORITY				
DISAPPROVED:		By:					
(If disapproved explain)							
-							
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 059400109		CITY OR TOWN LAWKEN	CE
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	GABRIELLA, INC.			
DOING BUSINESS	A MCCANN'S LIQUO	RS		
ADDRESS 253 S UI	NION ST			
CITY/TOWN: LAV	VRENCE	STATE: MA	ZIP CODE: 01843	
MANAGER: TAV	ERAS, IRVINGTYPE (OF LICENSE: Pacl	kage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	AIL ADDRESS	
	LICENSED PREMISES			
THREE ROOMS ON	N STREET FLOOR; CE	LLAR FOR STOR	AGE; SIDE EXIT ON ANDO	VER ST
I hereby certify and s	wear under penalties of	perjury that:		
1. the renew	ed license will be of the	same type for the	same premises now licensed;	
2. the licens	ee has complied with all	laws of the Comm	onwealth relating to taxes; and	
3. the premi	ses are now open for bus	iness (If not expla	in below)	
SIGNED BY				
	Individual, Partner or	Authorized Corpor	rate Officer	
D. 4.000				
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
			(Note: <u>NOT</u> Individual Social S	security Number)
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	nin)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 059400110		CITY OR TOWN LAWRED	NCE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSINESS	: LIGHTSHIP LIQUORS S A JTH UNION STREE	OF LAWRENC	CE,INC.	
CITY/TOWN: LA	WRENCE	STATE: MA	ZIP CODE: 01843	
MANAGER: SIL JR.	VA, ANTHONY TYPE O	F LICENSE: Pac	ckage Store CATEGORY	: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF	FLICENSED PREMISES:			
2. the licen		aws of the Commess (If not explain		d
DATE:	TELEPHONE NU	JMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENSING AUT	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	9400111		CITY OR TOWN LAWRED	NCE
APPLICATION FOR RE	ENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: 11	4 Liquors, Inc			
DOING BUSINESS A 1	14 Liquors			
ADDRESS 80 WINTHR	OP AVE			
CITY/TOWN: LAWRE	NCE	STATE: MA	ZIP CODE: 01843	
MANAGER: Borba, Fo	ernando M. TYP	E OF LICENSE: Pacl	kage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:				
PLEA	SE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LIC				
STREET FLOOR, TWO			IR EXITS	
I hereby certify and swea	=			
			same premises now licensed;	
	•		nonwealth relating to taxes; and	d
3. the premises a	are now open for l	business (If not expla	in below)	
SIGNED BY	J. J. Dominio	- A 41	OCC	
ın	dividual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEDION		EMPLOYER IDENTIFIC	ATION NI IMBED
DITTE.	TELEPHONI	E NUMBER:	(Note: NOT Individual Socia	
				•
Please Check Below:			LOCAL LICENSING AUT	HODEN
APPROVED:			LOCAL LICENSING AUT By:	HORII Y
DISAPPROVED:			By.	
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	059400114		CITY OR TOWN	LAWREN	CE
APPLICATION FOR 1	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DITI CORPERAT	ΓΙΟΝ			
DOING BUSINESS A	DONOVANS LI	IQUOR			
ADDRESS 175 SOUT	H BROADWAY				
CITY/TOWN: LAW	RENCE	STATE: MA	ZIP CODE:	01843	
MANAGER: PATE	L, MINA TY	PE OF LICENSE:P	ackage Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREM	ISES:			
SINGLE FRAME STR FOR STORAGE AND			T SALES ROOM TW	O REAR RO	OMS
I hereby certify and sw	ear under penaltie	es of perjury that:			
1. the renewed	l license will be of	f the same type for tl	ne same premises now	licensed;	
2. the licensee	has complied wit	h all laws of the Cor	nmonwealth relating t	o taxes; and	
3. the premise	s are now open for	r business (If not exp	plain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Inc	lividual Social S	Security Number)
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED: DISAPPROVED:	7		By:		
(If disapproved explain)) _		-		
(== sisappio (ea explain	7				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059	400117	(JIY OR TOWN	LAWKENC	∠E
APPLICATION FOR REI	NEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: Top DOING BUSINESS A Su	iper Liquors				
ADDRESS 35 SOUTH BI	ROADWAY				
CITY/TOWN: LAWREN	NCE ST.	ATE: MA	ZIP CODE:	01843	
MANAGER: Eng, Phall	y TYPE OF I	LICENSE: Pack	age Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LICE					
900 SQ FT OF RETAIL S	PACE WITH AN EXI	T ON SHUTTA	ACK ST		
I hereby certify and swear	under penalties of perj	ury that:			
1. the renewed lic	cense will be of the sam	e type for the sa	ame premises now	licensed;	
2. the licensee has	s complied with all law	s of the Commo	onwealth relating t	o taxes; and	
3. the premises ar	e now open for busines	s (If not explain	n below)		
SIGNED BY					
Ind	ividual, Partner or Autl	norized Corpora	ate Officer		
DATE:			EMBLOWER		YON NUMBER
DATE.	TELEPHONE NUM	IBER:			TON NUMBER: ecurity Number)
					•
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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LICENSE NUMBER	:059400119		CITY OR TOWN	LAWKENC	∠ E
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	MALAYA'S, INC.				
DOING BUSINESS A	A MALAYA'S				
ADDRESS 2 NEWB	URY STREET				
CITY/TOWN: LAW	RENCE	STATE: MA	ZIP CODE:	01840	
MANAGER: HILD	ALGO,JUAN TYP	E OF LICENSE: Rest	aurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS		1
DESCRIPTION OF I	LICENSED PREMIS	ES:			
TWO LARGE ROOM	AS WITH WAITING	G AREA, KITCHEN	AND BASEMENT	Γ FOR STORA	AGE
AND OFFICE, FROM					DANCE
FLOOR WITH BAR BUILDING WHICH					EC
FUNCTIONS	SHALL DE CORDO	DNED OFF AND USI	ED FOR SEASON	IAL OU ISIDI	ES
I hereby certify and sy	wear under penalties	of periury that:			
• •	•	the same type for the s	same premises nov	v licensed:	
		all laws of the Comm	•		
	-	business (If not explain	•	to taxes, and	
3. the premis	es are no wopen for	ousmoss (ii not expias	oeio)		
SIGNED BY	Individual Partner	or Authorized Corpor	rate Officer		
	marviauai, i armer	or rumorized corpor	adic Officer		
DATE:	TELEBIION	E NILIMDED.	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TELEPHON	E NUMBER:		dividual Social S	
			·		
We the undersigned					
Acts of 2004, signed					
named license and (of 2010.	2) the certificate of	liquor liability insur	ance required by	Chapter 116	of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	in)				
			-		
DATE:					



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LICENSE NUMBER	:059400121		C	ITY OR TOW	VN I	LAWRENC	CE	
APPLICATION FOR	RENEWAL:	Annu	al	LIC	ENSI	ED FOR 20	013	
		CLAS	SS				YEAR	
LICENSEE NAME:	PEDRO BEATO							
DOING BUSINESS	A DON PEDRO RES	STAURANT						
ADDRESS 076-80 S	. BROADWAY							
CITY/TOWN: LAW	VRENCE	STATE:	MA	ZIP CODE	:	01843		
MANAGER: BEA	ГО, PEDRO TYPI	E OF LICEN	SE:Restar	urant	CA	ΓEGORY:	All Alcoho	1
EMAIL ADDRESS:								
	PLEASE ALSO VISIT OUR WEE		YOUR EMAI	L ADDRESS			_	
	LICENSED PREMISI							
DINING ROOM, KI	TCHEN, TWO REST	ROOMS, Cl	ELLAR F	OR STORAG	iE.			
•	wear under penalties of	1 0 0						
	ed license will be of th	• 1		•				
	ee has complied with a				ng to	taxes; and		
3. the premis	ses are now open for b	ousiness (11 no	n explain	below)				
SIGNED BY								
SIGNED B1	Individual, Partner of	or Authorized	Corpora	te Officer				
								_
DATE:	TELEPHONE	E NUMBER:					ION NUMBER	
				(Note: NOT	Indiv	idual Social S	ecurity Number)
We the undersigned	l, attest that we are i	n possession	(1) the c	ertificate req	uired	by Chapte	er 304 of the	2
	I by the building insp (2) the certificate of I							
of 2010.	2) the certificate of i	iquor nabin	y msura	nce required	by C	napter 110	of the Acts	
Please Check Below:				LOCAL LICE	ENSI	NG AUTHO	ORITY	
APPROVED:				Ву:				
DISAPPROVED:								
(If disapproved expla	ın)							
DATE:								



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LICENSE NUMBER	R: 059400126		CITY OR TO	OWN LAWREN	CE
APPLICATION FOR	R RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	LAWRENCE	BROTHERS PIZZA, IN	IC,		
DOING BUSINESS	A BROTHERS	PIZZA			
ADDRESS 145 LAV	VRENCE ST				
CITY/TOWN: LAV	VRENCE	STATE: MA	ZIP COI	DE: 01840	
MANAGER: NAC GEO	COPOULOS, PRGE	TYPE OF LICENSE: R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
SINGLE STORY BI TWO REST ROOM		OMS, KITCHEN AND	DINING, CELI	LAR FOR STORA	GE.
3. the premi		n for business (If not exp			
DATE:	TELEPI	HONE NUMBER:		LOYER IDENTIFICAT	
Acts of 2004, signe	d by the buildin	e are in possession (1) t g inspector and the hea te of liquor liability ins	ad of the fire d	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	1111)		-		
DATE:			-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	59400137		CITY	OK TOWN	LAWKEN	CE
APPLICATION FOR R	ENEWAL:	Annual		LICEN	NSED FOR 2	013
		CLASS	S			YEAR
LICENSEE NAME: J	ORGE, INC					
DOING BUSINESS A	PUEBLO SUPI	ER MARKET				
ADDRESS 309 PARK	STREET					
CITY/TOWN: LAWR	ENCE	STATE:	MA ZI	P CODE:	01840	
MANAGER: JULIA	M. JORGE T	YPE OF LICENS	E:Package St	ore C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR	WEBSITE AND ENTER Y	OUR EMAIL ADDI	RESS		
DESCRIPTION OF LIC	CENSED PREM	IISES:				
SINGLE STORY BUIL RECEIVING CELLAR						
2. the licensee	has complied wi	of the same type for th all laws of the or business (If not	Commonwea	lth relating		
SIGNED BY	ndividual, Partn	er or Authorized (Corporate Of	ficer		
DATE:	TELEPHO	NE NUMBER:	(I			TION NUMBER: Security Number)
Please Check Below: APPROVED:				AL LICEN	SING AUTH	ORITY
DISAPPROVED:			By:			
(If disapproved explain))					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 059400138		CITY OR TOWN LA	AWRENCE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: MARISCO D	EL CARIBE, INC		
DOING BUSI	NESS A			
ADDRESS 17	0 SOUTH UNION ST	7		
CITY/TOWN:	LAWRENCE	STATE: MA	ZIP CODE: 01	1843
MANAGER:	TAVERAS, ARTURO	TYPE OF LICENSE: Re	staurant CATE	GORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PR			
		E SEPARATE ROOMS A E TO DINING ROOM AN		
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will l	be of the same type for the	same premises now lice	nsed;
2. the	licensee has complied	with all laws of the Com	monwealth relating to tax	xes; and
3. the	premises are now ope	n for business (If not expl	ain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDE	NTIFICATION NUMBER:
			(Note: NOT Individu	al Social Security Number)
Acts of 2004,	signed by the building	e are in possession (1) th ng inspector and the hea nte of liquor liability insu	d of the fire department	t for the above
Please Check Bele	ow:		LOCAL LICENSING	S AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a explain)			
DATE:			-	



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LICENSE NUMBE	R: 059400141		CITY O	R TOWN	LAWREN	CE
APPLICATION FO	R RENEWAL:	: Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS						
ADDRESS 108 WI						
CITY/TOWN: LA			IA ZIP (CODE:	01840	
MANAGER: KIM	l, TAI IN	TYPE OF LICENSE	:Restaurant	C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF		T OUR WEBSITE AND ENTER YOUR REMISES:	UR EMAIL ADDRES	SS		
I hereby certify and	swear under pe	enalties of perjury that:				
•	-	l be of the same type for	the same pre	mises nov	v licensed;	
2. the licens	see has complie	ed with all laws of the C	ommonwealth	relating	to taxes; and	
3. the premi	ises are now op	pen for business (If not e	explain below))		
SIGNED BY	Individual, I	Partner or Authorized Co	orporate Offic	cer		
DATE:	TELE	PHONE NUMBER:				TION NUMBER: Security Number)
Acts of 2004, signe	d by the build	we are in possession (1 ling inspector and the l cate of liquor liability i	head of the fi	re depart	tment for the	e above
Please Check Below:			LOCA	L LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expl	oin)					
(11 disappioved expi	a111 <i>)</i>					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FIL	ED BY LICENSEES DURING T	HE MONTH OF NO	OVEMBER (I	M.G.L. Ch. 138 \$ 1	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400142		CITY OR TOWN LAW	VRENCE
APPLICATION FOR RENEWAL:	Annual	LICENSED I	FOR 2013
	CLASS		YEAR
LICENSEE NAME: Sassi's Enterpri DOING BUSINESS A Big City Bar ADDRESS 65 MERRIMACK ST	•		
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE: 018	43
MANAGER: Sarcione, James	TYPE OF LICENSE: Res	staurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:			
	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRE APPROX 3238 SQ FT/ KITCHEN, E		OOM, RESTROOMS AND	O STORAGE
1. the renewed license will be 2. the licensee has complied 3. the premises are now open SIGNED BY	e of the same type for the with all laws of the Comr for business (If not explain	nonwealth relating to taxe ain below)	
Individual, Par	tner or Authorized Corpo	orate Officer	
DATE: TELEPH	IONE NUMBER:		TIFICATION NUMBER: Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	l of the fire department f	for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 059400150		CITY OR TOWN	LAWRENG	CE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ARTURO TAV	ERAS			
DOING BUSINESS	A ARTURO CO	NVENIENCE STORE			
ADDRESS 330 LOV	VELL STREET				
CITY/TOWN: LAW	VRENCE	STATE: MA	ZIP CODE:	01843	
MANAGER:	Т	TYPE OF LICENSE: Pa	ckage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
		E ROOM 30 X 60 FOI	R RETAIL SALES, 2	2 RESTROO	MS.
I hereby certify and s	•			1: 4.	
		of the same type for the vith all laws of the Com	=		
	•	for business (If not exp	_	o taxes, and	
		r			
SIGNED BY					
	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:			TON NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	nin)				
DATE:			-		
DAIL.					



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LICENSE NU	MBER: 059400152		CITY OR TOWN LAWREN	NCE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: BELMONT, INC			
DOING BUSI	NESS A L.A.W. GRILL			
ADDRESS 2 A	AMESBURY ST			
CITY/TOWN:	LAWRENCE	STATE: MA	ZIP CODE: 01841	
MANAGER:	ALVAREZ, TY	YPE OF LICENSE: Re	staurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PREM			
LOCATED O		TWO EXITS IN FROM	TROOMS, AND A COAT RO VT AND ONE EXIT IN THE I and alcoholic beverages	
I hereby certify	y and swear under penalti	es of perjury that:		_
1. the	renewed license will be o	of the same type for the	same premises now licensed;	
2. the	licensee has complied wi	th all laws of the Comr	nonwealth relating to taxes; and	l
3. the	premises are now open for	or business (If not expl	ain below)	
SIGNED BY	Individual, Partn	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004,	signed by the building i	nspector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 1	ie above
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	59400154		CITY OR TO	OWN LAWRE	ENCE
APPLICATION FOR R	ENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: R	osario Y & N, I	Inc			
DOING BUSINESS A	El Pollo Tipico	Restaurant			
ADDRESS 190 LAWR	ENCE ST				
CITY/TOWN: LAWR	ENCE	STATE: MA	ZIP COI	DE: 01841	
MANAGER: Rosario,	Yolando T	YPE OF LICENSE: Rest	aurant	CATEGOR	Y: All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LIC					
1000 SQ FT, ONE BAT FOR EIGHTEEN PEOF				E OUT AREA.	SEATING
T11	11/.				
I hereby certify and swe	-	ies of perjury that: of the same type for the s	same nremise	es now licensed:	
		ith all laws of the Comm	•		nd
	-	or business (If not explain		<i>G</i> ,	
SIGNED BY					
Iı	ndividual, Partn	er or Authorized Corpor	rate Officer		
DATE:			EMD	N OVED IDENTIFIC	SATION NUMBER
DATE.	TELEPHO	ONE NUMBER:			CATION NUMBER: al Security Number)
		re in possession (1) the inspector and the head		_	_
named license and (2)	_	of liquor liability insur		_	
of 2010.					
Please Check Below:			LOCAL LI	CENSING AUT	THORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 disapprovou expluii)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400156		CITY OR TOWN	LAWRENC	Œ
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: JIN WON JUN				
DOING BUSINESS A YOKOHAMA	JAPANESE STEAKH	OUSE		
ADDRESS 313 SOUTH BROADWAY	Y			
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE:	01843	
MANAGER: JUN, JIN WON T	YPE OF LICENSE:Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREM one floor with 9 tables; kitchen, 2 exits I hereby certify and swear under penalt 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open to SIGNED BY	, front and back. 2 restrictes of perjury that: of the same type for the with all laws of the Community	ooms; cellar for stores same premises now monwealth relating to ain below)	licensed;	
DATE: TELEPHO	ONE NUMBER:	EMPLOYEF (Note: <u>NOT</u> Inc	R IDENTIFICAT lividual Social S	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:				



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LICENSE NU	MBER: 059400162		CITY OR TOWN LAWREN	ICE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N.	AME: INAKA, INC.			
DOING BUSI	NESS A INAKA JAPANI	ESE RESTAURANT		
ADDRESS 16	0 WINTHROP AVE.			
CITY/TOWN:	LAWRENCE	STATE: MA	ZIP CODE: 01843	
MANAGER:	HWANG, YOUNG TY	PE OF LICENSE: Res	ctaurant CATEGORY	Wine and Malt Regular
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT OUR W N OF LICENSED PREMI	EBSITE AND ENTER YOUR EN	IAIL ADDRESS	
I hereby certify	y and swear under penalties	s of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now licensed;	
2. the	licensee has complied with	all laws of the Comm	nonwealth relating to taxes; and	
3. the	premises are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partner	r or Authorized Corpo	orate Officer	
DATE:	TEL EDUOL	TE MA ADED	EMPLOYER IDENTIFICA	TION NI IMPED
511121	TELEPHON	IE NUMBER:	(Note: NOT Individual Social	
Acts of 2004,	signed by the building in	spector and the head	e certificate required by Chap l of the fire department for th rance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(II disappiove	a explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY I	ICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	059400165		CITY OR TOWN	LAWREN	CE
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LATINO CENTR	RO,INC.			
DOING BUSINESS A	A EL CENTRO				
ADDRESS 56-62 CO	MMON ST.				
CITY/TOWN: LAW	RENCE	STATE: MA	ZIP CODE:	01840	
MANAGER: SOTO	, NEILY TY	YPE OF LICENSE: R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L		WEBSITE AND ENTER YOUR ISES:	EMAIL ADDRESS		
I hereby certify and sv	vear under penaltic	es of perjury that:			
	_	of the same type for the	ne same premises nov	v licensed;	
2. the license	e has complied with	th all laws of the Con	nmonwealth relating	to taxes; and	
3. the premise	es are now open fo	or business (If not exp	plain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	porate Officer		
DATE:	TELEPHO	NE NUMBER:			FION NUMBER: Security Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building in	nspector and the he	ad of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	11)				
					
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 059400168		CITY OR TOWN	LAWREN	CE
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
	: KENSIA J. FONDE S A LABAHIA REST. VBURY STREET				
CITY/TOWN: LA	WRENCE	STATE: MA	ZIP CODE:	01840	
	NDEUR, TYP NSIA J.	E OF LICENSE:R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		EMAIL ADDRESS		_
2. the licen	wed license will be of to see has complied with ises are now open for to Individual, Partner	all laws of the Conbusiness (If not exp	nmonwealth relating blain below)		
	TELEPHONI ed, attest that we are ed by the building ins	in possession (1) t	(Note: <u>NOT</u> Ir		ecurity Number) er 304 of the
	(2) the certificate of				
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER:	059400170		CITY OR TOWN	LAWREN	CE
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:					
DOING BUSINESS A		TAURANT			
ADDRESS 230 WINT				0.4.0.4.0	
CITY/TOWN: LAW		STATE: MA	ZIP CODE:	01843	
MANAGER: LEE, I	DENNIS TYP	PE OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI DESCRIPTION OF L		EBSITE AND ENTER YOUR E	EMAIL ADDRESS		
FRONT AND REAR I			REA. RESTROOMS.	. BAR. ALL (ON ONE
I hereby certify and sw	-			. 1:	
		• •	e same premises now monwealth relating t		
	•	business (If not expl	<u> </u>	o taxes, and	
5. the premise	are now open for	ousiness (II not exp.	ium below)		
SIGNED BY					
SIGIVED DI	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON:	E NUMBER:			TION NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ins	spector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved explain	.1)				
					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	059400174		CITY OR TOWN	LAWREN	CE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	REAL INNOVATIV	VE SUPERIOR ES	TATES, INC.		
DOING BUSINESS A	A CASA DE SIREN	A			
ADDRESS 7275 JA	CKSON ST.				
CITY/TOWN: LAW	RENCE	STATE: MA	ZIP CODE:	01840	
MANAGER: BIJJA	NI, PATRICIATYP	E OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L	LEASE ALSO VISIT OUR WEI ICENSED PREMIS		EMAIL ADDRESS		_
I hereby certify and sv	vear under penalties	of perjury that:			
	d license will be of the		e same premises now	licensed;	
2. the licensee	e has complied with	all laws of the Com	monwealth relating t	to taxes; and	
3. the premise	es are now open for b	ousiness (If not exp	lain below)		
CICNED DV					
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:			FION NUMBER: Security Number)
			(100. <u>1101</u> III	arviduai 50ciai 5	security (variiber)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain	 n)				
(11 disapproved expidi	··· <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400175		CITY OR TOWN LAWREN	NCE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: BALIS COR	PORATION		
DOING BUSINESS A BALIS RES	STAURANT		
ADDRESS 59 ESSEX ST			
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE: 01840	
MANAGER: HIDALGO, JUAN	TYPE OF LICENSE: Res	category category	: All Alcohol
EMAIL ADDRESS:			
	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PROPERTY OF A LIP A NET SECATE OF PEOPLE		CIDE AND DACK DOOD EVI	ETC 2
RESTAURANT SEATS 65 PEOPI HANDICAPPED RESTROOMS, F			118, 2
			_
I hereby certify and swear under per	nalties of periury that:		-
• •	1 3 .	same premises now licensed;	
	• 1	nonwealth relating to taxes; and	1
3. the premises are now op	en for business (If not expla	ain below)	
SIGNED BY		0.00	
Individual, P	Partner or Authorized Corpo	orate Officer	
DATE:		EMPLOYED IDENTIFICA	TION NUMBER.
TELER TELER	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			•
We the undersigned, attest that v Acts of 2004, signed by the buildi			
named license and (2) the certific			
of 2010.			
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappiored explain)			
DATE:			



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LICENSE NUMBER: 059	400178		C	CITY OR TOV	VN LAWREN	ICE
APPLICATION FOR REI	NEWAL:	Annua	1	LIC	ENSED FOR 2	2013
		CLAS	S			YEAR
LICENSEE NAME: DIA	AMANTE RESTA	URANT, IN	C.			
DOING BUSINESS A D	IAMANTE REST	'AURANT				
ADDRESS 206 LAWREN	NCE STREET					
CITY/TOWN: LAWREN	NCE	STATE:	MA	ZIP CODE	: 01810	
MANAGER: BAEZ, JU	AN TYPE	OF LICENS	E:Resta	urant	CATEGORY	All Alcohol
EMAIL ADDRESS:						
PLEASI	E ALSO VISIT OUR WEBS	SITE AND ENTER Y	OUR EMAI	L ADDRESS		
DESCRIPTION OF LICE	NSED PREMISE	S:				
I hereby certify and swear	-					
	cense will be of the	• 1				
2. the licensee has	-				ng to taxes; and	
3. the premises ar	e now open for bu	isiness (If not	t explain	below)		
SIGNED BY	linidaal Dawaaaa		C	4- Off		
Ind	lividual, Partner or	r Authorizea	Corpora	te Officer		
DATE						
DATE:	TELEPHONE :	NUMBER:			YER IDENTIFICA Individual Social	
				(110te. <u>1101</u>	_ marviduai sociai	Security (valider)
We the undersigned, att		-		_		
Acts of 2004, signed by the named license and (2) the						
of 2010.	le certificate of no	quor nabinty	msura	nce required	by Chapter 11	o of the Acts
Please Check Below:				LOCAL LICE	ENSING AUTH	IORITY
APPROVED:				By:	511 , 5 710 11.	
DISAPPROVED:				,		
(If disapproved explain)						
DATE.						
DATE:						
APPLICATION FOR RENEWAL M	UST BE FILED BY LICE	ENSEES DURING	THE MON	TH OF NOVEMBE	R (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER:	059400182		CITY OR TOWN	LAWRENC	Œ
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 73 A. WIN	Λ	T, INC.			
CITY/TOWN: LAW	RENCE	STATE: MA	ZIP CODE:	01843	
MANAGER: ZHAN	IG, CORA TY	PE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L FRONT & REAR EX	ICENSED PREM			ET AREA.	
2. the license	d license will be o	es of perjury that: If the same type for the th all laws of the Combor business (If not expl	monwealth relating t		
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYEF (Note: <u>NOT</u> Inc		ION NUMBER:
Acts of 2004, signed	by the building in	re in possession (1) the enspector and the hear of liquor liability insu	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					
APPLICATION FOR RENEWA	AL MUST BE FILED BY	LICENSEES DURING THE M	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	jA)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	059400183		CITY OR TO	INN LAWKEN	∠ E
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 338 LAWI	RENCE ST				
CITY/TOWN: LAW	RENCE	STATE: MA	ZIP COD	E: 01841	
MANAGER: DEJES	SUS, JOSE	TYPE OF LICENSE: Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	EASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF L					
ENTRANCE IN FROM	NT OF BLDG,	EXIT ON SIDE OF BL	DG AND ONE	LARGE DISPLA	Y AREA
2. the licensee 3. the premise SIGNED BY	has complied as are now oper	e of the same type for the with all laws of the Comn for business (If not explored corporation or Authorized Corp	monwealth rela		
DATE:	TELEPH	HONE NUMBER:		OYER IDENTIFICAT OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LIG	CENSING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 059400189		CITY OR TOW	N LAWREN	CE
APPLICATION F	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM DOING BUSINES					
ADDRESS 280 SC					
CITY/TOWN: L			ZIP CODE:	01942	
				01843	
MANAGER: PA	ANCHOLI, AUSHIK K.	TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION C					
		LL ON A FIRST FLOOF NCES, TWO FRONT AN		BUILDING H	IAS
I hereby certify an	d swear under pen	alties of perjury that:			
1. the ren	ewed license will b	be of the same type for the	e same premises no	w licensed;	
2. the lice	ensee has complied	with all laws of the Con	nmonwealth relating	g to taxes; and	
3. the pre-	mises are now ope	n for business (If not exp	olain below)		
SIGNED BY	Individual, Pa	nrtner or Authorized Corp	oorate Officer		
DATE:	TELEP	HONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	NSING AUTH	ORITY
(If disapproved ex	plain)				
DATE:					



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LICENSE NUMBER: 05940019	0	CITY OR TOWN LAWREN	NCE
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: ORIENTA	AL CM CORPORATION		
DOING BUSINESS A GOLDE	N HOUSE RESTAURANT		
ADDRESS 129 SO. BROADWA	AY		
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE: 01843	
MANAGER: CUI, GUO QIAN	NG TYPE OF LICENSE: R	estaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
	TISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED		CHOP + CF - + NP PECHPOOL	1 0 D.
TWO FUNCTION ROOMS ON REAR, FRONT ENTRANCE A			AS IN
			_
I hamaby contify and arread under	manulting of manipur, that		_
I hereby certify and swear under		e same premises now licensed;	
	• •	nmonwealth relating to taxes; and	1
	open for business (If not exp	·	
SIGNED BY			
Individua	l, Partner or Authorized Corp	oorate Officer	
DATE:			
TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
		(and <u>and a</u> mornium pools	s Security Trainieur)
•	_	he certificate required by Chap ad of the fire department for th	
	~ <u>-</u>	surance required by Chapter 11	
of 2010.			
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappiored explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 059400192		CITY OR TOWN	LAWRENC	Œ
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	J FRIAS LLC				
DOING BUSINESS	A				
ADDRESS 304 JAC	KSON STREET	Γ			
CITY/TOWN: LAV	VRENCE	STATE: MA	ZIP CODE:	01840	
MANAGER: BAT	ISTA, JOSE	TYPE OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PR	EMISES:			
2. the licens	ed license will be the has complied	pe of the same type for the with all laws of the Comr	nonwealth relating to		
2101122 21	Individual, Pa	artner or Authorized Corpo	orate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	uin)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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LICENSE NUMBER:	059400194		CITY OR TOW	'N LAWREN	CE
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	MELINDA INDUS	TRIAL GROUP, I	NC.		
DOING BUSINESS A	A ENCUENTRO RI	ESTAURANT NIC	HT CLUB		
ADDRESS 271 BRO	ADWAY				
CITY/TOWN: LAW	RENCE	STATE: MA	ZIP CODE:	01841	
MANAGER: ROAF	NATI TYP	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	JCENSED PREMIS	SES:			
I hereby certify and sv	•	1 0 0			
	ed license will be of	* *	•		
	e has complied with			g to taxes; and	
3. the premise	es are now open for	business (If not exp	olain below)		
SIGNED BY	T 11 1 1 D .	A .1 . 1.0	OSS		
	Individual, Partner	or Authorized Cor	porate Officer		
DATE.					
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT Individual Social S	
			(1.010) 1.101	nidi viduai bociai c	security (varioer)
We the undersigned					
Acts of 2004, signed named license and (2004)					
of 2010.	2) the certificate of	inquor nability ins	surance required i	by Chapter 110	of the Acts
Please Check Below:			LOCALLICE	NSING AUTH	ORITY
APPROVED:			By:	1,011,0110111	
DISAPPROVED:			3 ·		
(If disapproved explain	n)				
DATE.					
DATE:					
APPLICATION FOR RENEW.	AL MUST BE FILED BY LI	CENSEES DURING THE	MONTH OF NOVEMBER	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 059400196	,	CITY OR TOWN LAW	VRENCE
APPLICATION FOR RENEWAL:	Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: TNS, Nightclub, Inc DOING BUSINESS A TNS RESTAURA			
ADDRESS 416-18 PARK ST			
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE: 018	
MANAGER: CELA, TONY TYP	PE OF LICENSE: Rest	aurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:	EBSITE AND ENTER YOUR EMA		
DESCRIPTION OF LICENSED PREMIS ONE STORY BUILDING, ENTRANCE	SES:		
I hereby certify and swear under penalties 1. the renewed license will be of t 2. the licensee has complied with 3. the premises are now open for SIGNED BY	the same type for the same laws of the Comme	onwealth relating to taxes	
Individual, Partner	or Authorized Corpor	ate Officer	
DATE: TELEPHONI	E NUMBER:		FIFICATION NUMBER: Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire department f	or the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	AUTHORITY
DATE:			



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LICENSE NUMBER	R: 059400198		CITY OR TOWN	LAWREN	JE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MINAYA ENTER	PRISES INC.			
DOING BUSINESS	A COSTANZA ME	EAT MARKET			
ADDRESS 271 LAV	WRENCE ST				
CITY/TOWN: LAV	WRENCE	STATE: MA	ZIP CODE:	01841	
MANAGER: MIN	AYA, JANEY TY	PE OF LICENSE:Pa	ckage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR F	CMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
HAS ONE MAIN E	NTRANCE AND EX	KIT AND TWO EMI	ERGENCY EXITS		
3. the premi		r business (If not expl			
DATE:	TELEPHON	NE NUMBER:			TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY I	LICENSEES DURING THE N	MONTH OF NOVEMBER (N	1.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400199	(CITY OR TOWN LAWRENCE		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS	YEAR		
LICENSEE NAME: LENOTTE & I	LEWIN			
DOING BUSINESS A JOWA BAR	& LOUNGE			
ADDRESS 336 COMMON ST				
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE: 01840		
MANAGER: MANZUETA, WALKIRIA	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol		
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PRE				
FRONT AND REAR EXITS, DINING	G AREA, KITCHEN, RES	STROOMS BAR AREA. ONE LEVEL		
I hereby certify and swear under penal	1 3 2			
1. the renewed license will be	• •	-		
•		onwealth relating to taxes; and		
3. the premises are now open	for business (If not explain	n below)		
GIGNED DV				
SIGNED BY Individual, Par	tner or Authorized Corpora	ate Officer		
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: NOT Individual Social Security Number)		
Acts of 2004, signed by the building	g inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts		
Please Check Below:		LOCAL LICENSING AUTHORITY		
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved explain)				
DATE:				



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LICENSE NU	MBER: 059400200		CITY OR TOWN LAWREN	NCE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: CAFE AZTE NESS A 0 COMMON STREE			
	LAWRENCE	STATE: MA	ZIP CODE: 01840	
	GUERRERO, MARY O'BRIEN	TYPE OF LICENSE: Res		: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PF	REMISES:		
KITCHEN ON		R/DINING SPACE TO BE	DOORS TOWARDS ALLEY ADDED AT FRONT W/ 2	;
3. the SIGNED BY		en for business (If not expla		
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the buildi	ng inspector and the head	e certificate required by Chap l of the fire department for th rance required by Chapter 11	oter 304 of the
Please Check Belo	ow:		LOCAL LICENSING AUTI	HORITY
APPROVED: DISAPPROVI	ED:		By:	101411
(If disapproved	a explain)			
DATE:				



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LICENSE NUMBER: 059) 400201	CITY OR TOWN LAWRENCE				
APPLICATION FOR RE	NEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: EL	CESAR'S RES	TAURANT INC.				
DOING BUSINESS A E	L CESAR'S RE	STAURANT INC	•			
ADDRESS 380 COMMO	ON STREET					
CITY/TOWN: LAWRE	NCE	STATE: MA	A ZIP CC	DDE:	01840	
MANAGER: VARGAS	, CESAR TYI	PE OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS			_
DESCRIPTION OF LICE						
BAR, DINING AREA, K EXIT/ENTRANCE.	ITCHEN, REST	ROOMS, FRONT	Γ ENTRANCE	/ EXIT, 1	KITCHEN	
EXITENTIANCE.						
I hereby certify and swear	1	1 0 0				
		the same type for t	-			
	-	all laws of the Co		elating to	taxes; and	
5. the premises a	re now open for	business (If not ex	(piaili below)			
SIGNED BY						
	lividual, Partner	or Authorized Co	rporate Officer	•		
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:			
			(Note:	NOT Indi	ividual Social S	ecurity Number)
We the undersigned, at	test that we are	in possession (1)	the certificate	e require	d by Chapt	er 304 of the
Acts of 2004, signed by	the building ins	spector and the h	ead of the fire	departn	nent for the	above
named license and (2) the of 2010.	ne certificate of	liquor liability in	surance requi	ired by (Chapter 116	of the Acts
Please Check Below: APPROVED:				LICENS	ING AUTH	ORITY
DISAPPROVED:			By:			
(If disapproved explain)						
· · · · · · · · · · · · · · · · · · ·						
DATE:						



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LICENSE NUMBER:)59400203		CITY OR T	OWN	LAWRENC	SE
APPLICATION FOR F	RENEWAL:	Annual	1	LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: I	OOUBLE N INC.					
DOING BUSINESS A	SALVATORES					
ADDRESS 354 MARR	RIMACK ST.					
CITY/TOWN: LAWR	RENCE	STATE: MA	ZIP CO	DE:	01843	
MANAGER: LUPOL	I, SAL TYP	E OF LICENSE: Re	estaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	CMAIL ADDRESS			
DESCRIPTION OF LI						
ALL ENTRANCES, E RESTROOMS, 2 FUN						G BAR
I hereby certify and swe						
• •	•	he same type for the	e same premis	es now	licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth rel	ating to	taxes; and	
3. the premises	s are now open for b	business (If not expl	lain below)			
SIGNED BY	Indiaideal Domesa	A	Off:			
]	individual, Partner (or Authorized Corp	orate Officer			
DATE:			EM	DI OVED	IDENTIFICAT	NON AND ADED
DATE.	TELEPHONE	E NUMBER:				ION NUMBER: ecurity Number)
						-
We the undersigned, Acts of 2004, signed by						
named license and (2)		•		-		
of 2010.						
Please Check Below:			LOCAL L	ICENS	ING AUTHO	ORITY
APPROVED:	٦		By:			
DISAPPROVED: (If disapproved explain]					
(11 disappioved explain	,					
DATE:						
APPLICATION FOR RENEWAL	L MUST BE FILED BY LIC	CENSEES DURING THE M	MONTH OF NOVE	MBER (M	.G.L. Ch. 138 \$ 16	5A)



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CITY OR TOWN LAWRENCE
LICENSED FOR 2013
YEAR
IGE
ZIP CODE: 01840
staurant CATEGORY: All Alcohol
MAIL ADDRESS
same premises now licensed; nonwealth relating to taxes; and ain below)
orate Officer
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
e certificate required by Chapter 304 of the d of the fire department for the above rance required by Chapter 116 of the Acts
LOCAL LICENSING AUTHORITY By:



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LICENSE NUMBER:	059400205		CI	IY OR TOW.	N LAWKEN	CE
APPLICATION FOR	RENEWAL:	Annu	al	LICE	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A		& GRILLE, IN	C			
ADDRESS 615 SOUT	TH UNION ST					
CITY/TOWN: LAW	RENCE	STATE:	MA	ZIP CODE:	01843	
MANAGER: INCRO JOHN		YPE OF LICENS	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF L	ICENSED PREM	IISES:				
ENTRANCE IN FROM SEPARATE KITCHE						ND
	e has complied wi	or business (If no	ot explain l	pelow)	g to taxes; and	
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building i	nspector and th	e head of	rtificate requ the fire depa	ired by Chapt rtment for the	er 304 of the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)			OCAL LICE By:	NSING AUTH	ORITY
DATE:			-			



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LICENSE NUMBER: 059400207	•	CITY OR TOWN LAWRENCE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CARRIBEAN F	LAVORS, INC	
DOING BUSINESS A LA GUIRA RE	ESTAURANT	
ADDRESS 205 BROADWAY		
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE: 01841
MANAGER: MELENDEZ, T WANDA I.	YPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREM		
EXIT LOCATED AT THE REAR OF		HE RESTAURANT, AS WELL AS AN
3. the premises are now open f SIGNED BY Individual, Partr	For business (If not explainer or Authorized Corpor	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
• • •		



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LICENSE NUN	MBER: 059400211		CITY OR TOWN	LAWRENCE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
DOING BUSIN	MERRIMACK ST	YAY PUB, LLC STATE: MA	ZIP CODE:	01840
MANAGER:	WENZEL MELLMAN, AMY	TYPE OF LICENSE: Ge	eneral on C emise	CATEGORY: All Alcohol
EMAIL ADDR		OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
RECTANGUL HANDICAPPE EXNTENSION	AR BLDG. APPROX ED ACCESSIBLE RA IOF PREMISES TO I	I. 1200 AQ. FT. ONE LE IMP & DOOR ON SOUT PATIO OUTDOOR ARE OCKADE FENCE WITH	WEST CORNER. A TO INCLUDE 5	BACK EXIT; TABLES AND
1. the 1 2. the 1	licensee has complied	be of the same type for the with all laws of the Com	monwealth relating	
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, s	signed by the buildir	ng inspector and the hea	d of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICEN By:	SING AUTHORITY
DATE:				



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LICENSE NUI	MBER: 059400217		CITY	OR TOWN	LAWRENC	CE
APPLICATION	N FOR RENEWAL:	Annua	1	LICEN	ISED FOR 20)13
		CLAS	S			YEAR
LICENSEE NA	AME: ELIODOR N.	AUDATE				
DOING BUSIN	NESS A LATINO'S R	ESTAURANT NIG	HTCLUB			
ADDRESS 188	B BROADWAY					
CITY/TOWN:	LAWRENCE	STATE:	MA ZI	P CODE:	01840	
MANAGER:	AUDATE, ELIODOR N.	TYPE OF LICENS	E:Restaurant	С	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:					
		UR WEBSITE AND ENTER Y	OUR EMAIL ADDI	RESS		
	N OF LICENSED PRE					
	RY BRICK STRUCTU ON BROADWAY WIT		OOMS, TOT	ALING 1,90	00 SQ. FT. FI	RONT
I hereby certify	and swear under pena	lties of perjury that	:			
1. the	renewed license will be	e of the same type for	or the same p	remises now	licensed;	
2. the 1	licensee has complied	with all laws of the	Commonwea	lth relating t	to taxes; and	
3. the 1	premises are now oper	n for business (If not	explain belo	w)		
SIGNED BY						
	Individual, Par	rtner or Authorized	Corporate Of	ficer		
DATE.						
DATE:	TELEPH	HONE NUMBER:	а		R IDENTIFICAT dividual Social S	
			(-	<u></u> 1110	arviduu Sociai S	cearity (valueer)
Acts of 2004,	signed, attest that we signed by the buildin and (2) the certificat	g inspector and the	e head of the	fire depart	ment for the	above
Please Check Belo	ow:		LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVE						
(If disapproved	explain)					
			-			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	9400218		C	CITY OR TO	OWN	LAWREN	CE
APPLICATION FOR RE	ENEWAL:	Annu	ıal	L	ICEN	SED FOR 20	013
		CLA	SS				YEAR
LICENSEE NAME: PA	ARSJWADEV C	CORPORATIO	N				
DOING BUSINESS A	BROADWAY M	IINI MART					
ADDRESS 9 BROADW	AY						
CITY/TOWN: LAWRE	ENCE	STATE:	MA	ZIP COI	DE:	01841	
MANAGER: SONI, RA	AVI M. TY	PE OF LICEN	SE:Packa	ige Store	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:							
PLEA	SE ALSO VISIT OUR W	VEBSITE AND ENTER	R YOUR EMAI	L ADDRESS			
DESCRIPTION OF LIC	ENSED PREMI	ISES:					
GROUND FLOOR OF 9 PURPOSES IN BUILDE RESTROOMS, GROCE	NG THERE AR						IERCIAL
I hereby certify and swea	r under penaltie	s of perjury tha	ıt:				
1. the renewed li	_			me premise	es now	licensed;	
2. the licensee h				_			
3. the premises a	_						
SIGNED BY							
In	dividual, Partne	r or Authorized	d Corpora	te Officer			
DATE:	TELEPHON	NE NUMBER:		EMP	LOYER	IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: <u>N</u>	OT Ind	ividual Social S	Security Number)
Please Check Below:				1004111	CENC	DIC AUTH	ODJEN
APPROVED:				By:	ICENS	ING AUTH	ORII I
DISAPPROVED:				Dy.			
(If disapproved explain)							
DATE:							



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LICENSE NUMB	ER: 059400220		CITY OR TOW	N LAWRENCE
APPLICATION F	OR RENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NAMI	E: JOSE DEL C	ARMEN		
DOING BUSINES	SS A TERRA LU	NA CAFÉ		
ADDRESS 225 ES	SSEX STREET			
CITY/TOWN: LA	AWRENCE	STATE: MA	ZIP CODE:	01840
MANAGER: DE	EL ARMEN,JOSE	TYPE OF LICENSE: Res	taurant	CATEGORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION O	F LICENSED PF	REMISES:		
AREA,BAR AREA ROOM 662.63 SQ	A,KITCHEN ARI FT/ EMTRAMO	RANCES,2 ON THE SIDE EA.RESTROOM IS LOCA CES & EXITS ON ESSEX O DOMS IN COMMON ARE	TED IN COMMO	ON AREANEW
I hereby certify and	d swear under per	nalties of perjury that:		
1. the rene	ewed license will	be of the same type for the	same premises no	ow licensed;
2. the lice	nsee has complied	d with all laws of the Comn	nonwealth relating	g to taxes; and
3. the prei	mises are now ope	en for business (If not expla	in below)	
SIGNED BY	Individual, P	artner or Authorized Corpo	rate Officer	
DATE:	TELEF	PHONE NUMBER:		ER IDENTIFICATION NUMBER:
			(Note. NOT	Individual Social Security Number)
Acts of 2004, sign	ned by the buildi	ng inspector and the head	of the fire depar	ired by Chapter 304 of the rtment for the above y Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex	Dlain)		LOCAL LICEI By:	NSING AUTHORITY
	-			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 059400221		CITY OR TOWN	LAWRENC	CE	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME:	EDWARD GUZMAN	ſ				
DOING BUSINESS	A JAVIER MARKET	Q				
ADDRESS 311 EAS	T HAVERHILL STRE	ET				
CITY/TOWN: LAW	VRENCE .	STATE: MA	ZIP CODE:	01840		
MANAGER: GUZ	MAN,EDWAR TYPE	OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	MAIL ADDRESS		_	
	LICENSED PREMISES					
	N FORNT WITH 3 REA APPROX. 2207 SQ. F			E OFFICE S	PACE,	
	ee has complied with all ses are now open for bu Individual, Partner or	siness (If not expl	ain below)			
	marviadar, rartier or	rumorized corpe	rate officer			
DATE:	TELEPHONE I	NUMBER:	ER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY	
DISAPPROVED:			By:			
(If disapproved expla	in)					
DATE:						



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LICENSE NUMBER: 0594	.00223		CITY O	R TOWN	LAWREN	CE
APPLICATION FOR REN	EWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: TRE	MPE & TORRE	ES INC.				
DOING BUSINESS A MA	ARABU CAFFE					
ADDRESS 20-22 UNION	STREET					
CITY/TOWN: LAWREN	CE	STATE: N	IA ZIP	CODE:	01840	
MANAGER: TREMPE, NEREVDA		E OF LICENSE	:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE .	ALSO VISIT OUR WEB	SITE AND ENTER YO	UR EMAIL ADDRE	SS		_
DESCRIPTION OF LICEN						
ONE BUILDING, DINING BAR AREA, ENCLOSED						XITS,
I hereby certify and swear u	ınder penalties o	of perjury that:				
1. the renewed lice	nse will be of th	e same type for	the same pre	mises now	licensed;	
2. the licensee has	complied with a	ll laws of the C	ommonwealtl	n relating t	o taxes; and	
3. the premises are	now open for b	usiness (If not e	xplain below)		
SIGNED BY						
Indi	vidual, Partner o	r Authorized C	orporate Offic	cer		
DATE:	TELEPHONE	NUMBER:				TION NUMBER:
			(No	ote: <u>NOT</u> Inc	lividual Social S	Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	e building insp	ector and the l	nead of the fi	re depart	ment for the	above
Please Check Below:			LOCA	L LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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LICENSE NUMBER	1: 059400224		CITY OR TOWN	LAWRENCE	S
APPLICATION FOR	R RENEWAL:	Annual	LICEN	NSED FOR 2013	3
		CLASS		Y	EAR
LICENSEE NAME:	PEDRO VELEZ	Z			
DOING BUSINESS	A FUEGO LAT	INO			
ADDRESS 465 BRC	OADWAY				
CITY/TOWN: LAV	VRENCE	STATE: MA	ZIP CODE:	01840	
MANAGER: VELI	EZ, PEDRO	ΓΥΡΕ OF LICENSE:R	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:		-			
:	PLEASE ALSO VISIT OU	IR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I					
ONE STORY, SING HOLLLY ST	LE FLOOR, 4000	0 SF. FRONT DOOR	ON BROADWAY, R	EAR EXIT NE.	AR
I hereby certify and s	wear under penal	ties of perjury that:			
1. the renew	ed license will be	of the same type for the	ne same premises nov	v licensed;	
2. the license	ee has complied v	with all laws of the Cor	nmonwealth relating	to taxes; and	
3. the premis	ses are now open	for business (If not exp	plain below)		
SIGNED BY	Individual Part	tner or Authorized Cor	norate Officer		
	mar raum, r ur	and of Humorized Cor	porate officer		
DATE:	TEI EDU	ONE NUMBER:	EMPLOYE	R IDENTIFICATIO	N NUMBER:
	TELETT	ONE NOMBER.		dividual Social Seco	
XX - 41 J	1 -444414		J		204 - 641-
		are in possession (1) t ginspector and the he			
named license and of 2010.	(2) the certificate	e of liquor liability in	surance required by	Chapter 116 o	f the Acts
Please Check Below:			LOCAL LICEN	SING AUTHOF	RITY
APPROVED:			By:		
DISAPPROVED:	:>				
(If disapproved expla	IIII <i>)</i>				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED I	BY LICENSEES DURING THE	MONTH OF NOVEMBER (I	M.G.L. Ch. 138 \$ 16A))



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 059400225		CITY OR TOWN	LAWRENCE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: RIO BAR AN	ID GRILL LLC		
DOING BUSIN	NESS A			
ADDRESS 9 A	APPLETON STREET	•		
CITY/TOWN:	LAWRENCE	STATE: MA	ZIP CODE:	01840
MANAGER:	VILLALONA, ERIAM T.	TYPE OF LICENSE: Re	estaurant C	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
APPLETON S	TREETOTHER TI	ON STREET SIDEEXIT HREE EXITS BEHIND B FLOOR AND TWO EXI	BUILDING ON MET	ΓHUEN
I hereby certify	and swear under pen	alties of perjury that:		
1. the 1	renewed license will	be of the same type for the	e same premises now	/ licensed;
2. the l	licensee has complied	l with all laws of the Com	monwealth relating t	to taxes; and
3. the 1	premises are now ope	en for business (If not expl	ain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, s	signed by the building	ng inspector and the hea	d of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	w:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				· <u>·</u>



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LICENSE NUMBER: 059400226		CITY OR TOWN	LAWRENC	Œ	
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 20	2013	
	CLASS			YEAR	
LICENSEE NAME: MARIA THOMAS DOING BUSINESS A LAS PALMAS RE ADDRESS 445 ESSEX ST	STAURANT				
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE:	01840		
MANAGER: THOMAS, MARIA TYPI	E OF LICENSE: Res	taurant CA	TEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EM	AIL ADDRESS			
DESCRIPTION OF LICENSED PREMISI	ES:				
1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for b	ne same type for the sall laws of the Comm	onwealth relating to			
SIGNED BY Individual, Partner of	or Authorized Corpor	rate Officer			
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Indiv		ION NUMBER:	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and license and (2) the certificate of 1 of 2010.	ector and the head	of the fire departm	ent for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	NG AUTHO	DRITY	
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY LIC	ENSEES DURING THE MO	ONTH OF NOVEMBER (M. (GL Ch 138 \$ 16	A)	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059400227		CITY OR TOWN	LAWRENCE	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YE	EAR
LICENSEE NAME: MANUEL JAIME				
DOING BUSINESS A GIGANTE MEAT	MARKET			
ADDRESS 139 PARK STREET				
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE:	01840	
MANAGER: JAIME, MANUEL TYPE	E OF LICENSE: Pack	kage Store CA		ine and Ialt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE	ES:			
ONE LEVEL BUILDING WITH FRONT FTCOOLERS IN THE REAR	& EAR EXITS, BUS	SINESS IS A MAR	KET WITH 246	52 SQ
the licensee has complied with a the premises are now open for b SIGNED BY	ousiness (If not explain	in below)	tuxes, und	
Individual, Partner o	or Authorized Corpor	ate Officer		
DATE: TELEPHONE	NUMBER:		IDENTIFICATION	
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHOR	ITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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LICENSE NUM	IBER: 059400228		CITY OR TOWN LAW	RENCE
APPLICATION	FOR RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 272				
CITY/TOWN:	LAWRENCE	STATE: MA	ZIP CODE: 018	40
MANAGER:	AQUINO, ONEIDA TYPE	OF LICENSE: Res	staurant CATEG	ORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMISE	S:		
	ND EXITS AT STREET LE FIRST AND SECOND FLO		WAY/ 2 LEVEL BUILDII	NG WITH
I hereby certify	and swear under penalties of	f perjury that:		
1. the re	enewed license will be of the	e same type for the	same premises now licens	ed;
2. the li	censee has complied with al	l laws of the Comr	nonwealth relating to taxes	s; and
3. the p	remises are now open for bu	siness (If not explain	ain below)	
SIGNED BY	Individual, Partner or	· Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:		TIFICATION NUMBER: Social Security Number)
Acts of 2004, s	igned, attest that we are in igned by the building inspead (2) the certificate of lie	ector and the head	l of the fire department f	or the above
Please Check Below	<u>v:</u>		LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVEI (If disapproved				
(ii disappioved	explain)			
DATE:				
APPLICATION FOR I	RENEWAL MUST BE FILED BY LICE	INSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch	. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	059400229		CITY	OR TOWN	LAWREN	CE
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	LUIS M. DOMING	UIZ				
DOING BUSINESS A	Λ					
ADDRESS 101 UNIO	ON ST					
CITY/TOWN: LAW	RENCE	STATE: N	IA ZI	P CODE:	01840	
MANAGER: DOM	NGUIZ, LUIS TYP	E OF LICENSE	:Package St	tore C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YO	UR EMAIL ADDI	RESS		_
DESCRIPTION OF L						
IT IS A GROCERY S CASHIER IS ON TH						
LOCATED ON DIFF						AS THE
I hereby certify and sv	vear under penalties	of perjury that:				
1. the renewe	d license will be of the	he same type for	the same p	remises now	v licensed;	
2. the license	e has complied with	all laws of the C	ommonwea	Ith relating	to taxes; and	
3. the premise	es are now open for b	business (If not e	xplain belo	w)		
SIGNED BY	Indicided Destruct		Of	···		
	Individual, Partner	or Authorized C	orporate Of	ncer		
DATE:						
DATE.	TELEPHONE	NUMBER:	a			CION NUMBER: Security Number)
			(-	<u></u> m	arviduai Boeiai B	recurry rumber,
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:	\neg		By:			
DISAPPROVED: (If disapproved explain						
(11 disappioved explai	11 <i>)</i>					_
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 059400230		CITY OR TOWN	LAWRENG	CE
APPLICATIO1	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: MERRIMACI	K ST. CONVENIENCI	E LLC		
DOING BUSI	NESS A				
ADDRESS 500	0 A. MERRIMACK S	TREET			
CITY/TOWN:	LAWRENCE	STATE: M	A ZIP CODE:	01840	
MANAGER:	BARCELOS, JOSEPH C	TYPE OF LICENSE:	Package Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PR	EMISES:			
REAR EXIT II MERRIMACK		RESTROOM IN RE	EAR OF STOREFRC	ONT ENTRA	NCE ON
	premises are now ope	n for business (If not example)		o taxes; and	
	11102 / 100012, 2 0	 01 1 00			
DATE:	TELEP	HONE NUMBER:			TON NUMBER: ecurity Number)
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVE	ED		By:		
(If disapproved					
. 11	. /				
DATE:					



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LICENSE NUMB	ER: 059400231		CITY OR TOWN	LAWRENCE
APPLICATION F	OR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: CAFÉ VERDE LL	C		
DOING BUSINES	SS A CAFÉ VERDE			
ADDRESS 275 ES	SSEX STREET			
CITY/TOWN: L	AWRENCE	STATE: MA	ZIP CODE:	01840
	ARROLL, TY ELISSA E.	PE OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION O	F LICENSED PREMI	SES:		
OF 93 FTTHE I IN THE ESSEX S	ST FLOOR OF A TW PRIMARY ENTRANC TREET ALLEYWAY S AND HAVE NEW S	E IS ON ESSEX STR THE PREMISES H	EETTHE SECO	NDARY EXIT IS ON
I hereby certify and	d swear under penalties	s of perjury that:		
1. the rene	ewed license will be of	the same type for the s	same premises now	licensed;
	nsee has complied with		C	taxes; and
3. the pres	mises are now open for	business (If not explain	in below)	
SIGNED BY	Individual, Partne	or Authorized Corpor	rate Officer	7
DATE:	TELEPHON	IE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Indi	vidual Social Security Number)
Acts of 2004, sign	ned by the building in	spector and the head	of the fire departn	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	piain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 059400232		CITY OR TOWN LAW	RENCE
APPLICATION FO	R RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
DOING BUSINESS	A KELTIC CLUB	CAN ASSOCIATION	N, INC	
ADDRESS 233 LA				
CITY/TOWN: LA	WRENCE	STATE: MA	ZIP CODE: 0184	10
MANAGER: SHE	EHY, DANIEL TY	PE OF LICENSE: Co	ommercial club CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF				
ONE STORY BUIL TWO DOORS FOR			TCHEN, RESTROOM AN	D CELLAR.
I hereby certify and	swear under penaltic	es of perjury that:		
1. the renew	ved license will be or	f the same type for the	e same premises now license	ed;
2. the licens	see has complied wit	h all laws of the Com	monwealth relating to taxes	; and
3. the premi	ises are now open fo	or business (If not expl	lain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:		IFICATION NUMBER:
			(Note: <u>NOT</u> Individual S	Social Security Number)
Acts of 2004, signe	d by the building in	nspector and the hea	ne certificate required by C d of the fire department fo urance required by Chapto	or the above
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:059400233		CI	TY OR TOWN	LAWRENC	CE
APPLICATION FOR	R RENEWAL:	Annı	ıal	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: DOING BUSINESS			ET			
ADDRESS 354-356	BROADWAY					
CITY/TOWN: LAV	VRENCE	STATE:	MA	ZIP CODE:	01840	
	BERTO, T NANDO	YPE OF LICEN	SE:Packag	ge Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER	R YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:				
SINGLE FLOOR GR	ROCERY STORE	WITH ENTRA	NCES, ON	E IN FRONT, O	NE TO ACT	ON ST
I hereby certify and s	wear under penalt	ies of perjury tha	at:			
1. the renew	ed license will be	of the same type	for the san	ne premises now	licensed;	
2. the license	ee has complied w	rith all laws of th	e Common	wealth relating to	taxes; and	
	ses are now open i			_	,	
	· · · · · · · · · · · · · · · · · · ·	(.			
SIGNED BY	Individual, Parti	ner or Authorize	d Corporate	e Officer		
DATE:	TELEPHO	ONE NUMBER:				ION NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			I	OCAL LICENS	ING AUTHO	ORITY
APPROVED:			E	Ву:		
DISAPPROVED:						
(If disapproved expla	nin)		_			
			-			
DATE:			-			



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LICENSE NU	MBER: 059400234		CITY OR TOWN LAWRI	ENCE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
DOING BUSI		BAR & RESTAURANT L	TC	
CITY/TOWN	: LAWRENCE	STATE: MA	ZIP CODE: 01840	
MANAGER:	BIAMCARDI, FRANK A.	TYPE OF LICENSE: Ro	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:	_		
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
THREE STOR	RY FRAME BUILDI	NG HAVING 1ST FLOO	R STORE FRONT WITH 4 EX	XITS
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now licensed;	
2. the	licensee has complie	d with all laws of the Com	nmonwealth relating to taxes; an	nd
3. the	premises are now op	en for business (If not exp	lain below)	
SIGNED BY	Individual, F	Partner or Authorized Corp	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
Acts of 2004,	signed by the build	ing inspector and the hea	he certificate required by Chand of the fire department for turance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
OISAPPROVE (If disapprove				
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILI	ED BY LICENSEES DURING THE I	MONTH OF NOVEMBER (M.G.L. Ch. 138	3 \$ 16A)



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LICENSE NUMBER: 059400235		Cľ	TY OR TOW	N LAWRENC	CE
APPLICATION FOR RENEWAL:	Annua	al	LICE	NSED FOR 20)13
	CLAS	SS			YEAR
LICENSEE NAME: BAR ROCK CAFÉ S DOING BUSINESS A ADDRESS	ALSA TEC	LLC			
CITY/TOWN: LAWRENCE	STATE:	MA	ZIP CODE:	01840	
MANAGER: DE TYPE JESUS,FRANCISCA	OF LICENS	SE:Genera premise		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBS		YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMISE. I hereby certify and swear under penalties of					
 the renewed license will be of the the licensee has complied with al the premises are now open for bu 	e same type the	for the sam Common	wealth relating		
SIGNED BY Individual, Partner or	· Authorized	Corporate	Officer		
DATE: TELEPHONE	NUMBER:			ER IDENTIFICAT	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent named license and (2) the certificate of license 2010.	ector and th	e head of	the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			OCAL LICEN	NSING AUTHO	ORITY
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY LICE	NGEEG DUDBY	THE MONTH	LI OE NOVEMBER	MGI Ch 120 f 14	SA)



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LICENSE NUMBER: 059400236		CITY OR TOWN	LAWRENC	CE	
APPLICATION FOR RENEWAL: Annual LICENSED FOR			SED FOR 20	2013	
	CLASS			YEAR	
LICENSEE NAME: EL PEZ DORADO DOING BUSINESS A EL PEZ DORAD ADDRESS					
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE:	01840		
MANAGER: HERNANDEZ, TYRENDEZ, ROSAURA M.	PE OF LICENSE: Re	staurant CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS			
DESCRIPTION OF LICENSED PREMI. I hereby certify and swear under penalties					
 the renewed license will be of the licensee has complied with the premises are now open for 	h all laws of the Comr	nonwealth relating to			
SIGNED BY Individual, Partner	r or Authorized Corpo	orate Officer			
DATE: TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	l of the fire departı	nent for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY	
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY I	LICENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)	



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LICENSE NUMBER	1059400237		CITY OR TOW.	N LAWKEN	CE
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CASA ENTERTA	NMENT INC.			
DOING BUSINESS A	A CLUB COPA				
ADDRESS 1 MILL S	TREET				
CITY/TOWN: LAW	RENCE	STATE: MA	ZIP CODE:	01840	
MANAGER: BEAM RAFA	MUD, TYF AEL E.	PE OF LICENSE: Ger pre	neral on mise	CATEGORY:	All Alcohol
EMAIL ADDRESS:]
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:			
FIRST FLOOR LOUI SECOND FLOR LOU FRONT AND THRE DOWNSTAIRSOUT	JNGETHIRD FL E OTHER EXITS ISIDE ENCLOSED	OOR FUNCTION ROTWO ON SIDE OF PATIO (WEATHER	OOMONE EN' BUILDING AND	ΓRANCE AND)	
I hereby certify and sv	•	1 0 0			
		the same type for the	1		
	•	all laws of the Comm	^	g to taxes; and	
3. the premis	es are now open for	business (If not expla	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building ins	spector and the head	l of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
			-		
DATE.			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	059400238		CITY OR TOWN	LAWRENC	CE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	A	Y WINE SHOP,INC			
ADDRESS 678 AND					
CITY/TOWN: LAW	RENCE	STATE: MA	ZIP CODE:	01840	
MANAGER: FRAC	OLA, RALPH TYI	PE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF L 1ST FLOOR ;WARE I hereby certify and sv 1. the renewe 2. the license	HOUSE AREA; OF wear under penalties d license will be of e has complied with	FFICE SPACE; KITO	CHEN; RESTROOMS same premises now monwealth relating to	licensed;	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUMBE	R: 059400239		CITY OR TO	WN LAWREN	CE
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	BRICK'S INC.				
DOING BUSINESS	S A BRICK'S				
ADDRESS 151-153	ESSEX STREET				
CITY/TOWN: LA	WRENCE	STATE: MA	ZIP COD	DE: 01840	
MANAGER: TEJ	ADA, JUAN J. TY	PE OF LICENSE: G	eneral on remise	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	ISES:			
ONE STORY BUIL	DING; TWO EXITS	S; TWO BATHROO	MS; 2325 SQ F	T	
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	ved license will be of	f the same type for th	e same premises	s now licensed;	
2. the licens	see has complied wit	h all laws of the Com	ımonwealth rela	ting to taxes; and	
3. the prem	ises are now open for	r business (If not exp	lain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHON	NE NUMBER:		LOYER IDENTIFICATE OT Individual Social S	
Acts of 2004, signe	ed by the building in	e in possession (1) the spector and the hear of liquor liability ins	ad of the fire de	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY	LICENSEES DURING THE I	MONTH OF NOVEM	BER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBE	R: 059400240		CITY OR TOWN LAW!	RENCE	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FO	OR 2013	
		CLASS		YEAR	
LICENSEE NAME:	LE DRINK HOUSI	E,LLC			
DOING BUSINESS	S A				
ADDRESS 596 ESS	SEX STREET				
CITY/TOWN: LA	WRENCE	STATE: MA	ZIP CODE: 01840)	
MANAGER: SAN A.	ICHEZ,ANGEL TYP		neral on CATEGO mise	RY: All Alcohol	
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
	LICENSED PREMIS				
			POX. 1200 SQ FT WITH F REAR OF THE STRUCTU		
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of t	the same type for the	same premises now licensed	1;	
2. the licens	see has complied with	all laws of the Comn	nonwealth relating to taxes;	and	
3. the premi	ises are now open for	business (If not expla	in below)		
SIGNED BY					
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note: <u>NOT</u> Individual So	ocial Security Number)	
Acts of 2004, signe	ed by the building ins	spector and the head	e certificate required by C of the fire department for rance required by Chapte	r the above	
Please Check Below:			LOCAL LICENSING AU	JTHORITY	
APPROVED:			By:		
DISAPPROVED:	-:-)				
(If disapproved expl	am)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	59400241		CI	TY OR TO	WN LAWREN	CE
APPLICATION FOR R	ENEWAL:	Annu	al	LIC	CENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: C	ALIFORNIA NIGH	HT CLUB				
DOING BUSINESS A	CALIFORNIA NIC	HT CLUB				
ADDRESS 505 BROAD	OWAY					
CITY/TOWN: LAWRI	ENCE	STATE:	MA	ZIP CODE	i: 01840	
MANAGER: ZUNIGA	A, LEO TYPE	OF LICENS	SE:Genera premis		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LIC						
2 STORY BUILDING ROOMEXITBAR AR RESTROOMEXIT ON	READANCE FLO					ORAGE
I hereby certify and swea	ar under penalties o	f perjury tha	t:			
1. the renewed l	license will be of the	e same type	for the san	ne premises	now licensed;	
	nas complied with a				ng to taxes; and	
3. the premises	are now open for bu	usiness (If no	ot explain	below)		
SIGNED BY Ir	ndividual, Partner o	r Authorized	Corporate	e Officer		
DATE:	TELEPHONE	NUMBER:		EMPLO	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NO	Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building insp	ector and th	ne head of	the fire dep	artment for the	above
Please Check Below:			I	LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			I	Ву:		
DISAPPROVED: (If disapproved explain)						
(11 disapproved explain)						
			•			
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 059400242		CITY OR TOWN	LAWRENCE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
DOING BUSINESS	MAKARENA LLO A MAKARENA RE			
ADDRESS 150 CO				0.10.10
CITY/TOWN: LAV	WRENCE	STATE: MA	ZIP CODE:	01840
	NZALEZ, TYF ANDO	PE OF LICENSE: Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
		EBSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMIS		DOV (71 GO FD	
	ENTRANCE & EXIT		ROX. 6/1 SQ.FR.	
• •	swear under penalties wed license will be of		same premises now	licensed:
	see has complied with	* *	•	
	ses are now open for		•	,
SIGNED BY				
SIGNED D I	In diad does 1. Domestic	A 41	and Officer	
SIGNED D1	Individual, Partner	or Authorized Corpo	orate Officer	
SIGNED BT	Individual, Partner	or Authorized Corpo	orate Officer	
				IDENTIFICATION NI IMPED.
DATE:		or Authorized Corpo	EMPLOYER	IDENTIFICATION NUMBER:
DATE: We the undersigne Acts of 2004, signe	TELEPHON d, attest that we are d by the building ins	E NUMBER: in possession (1) the spector and the head	EMPLOYEF (Note: NOT Inc e certificate require tl of the fire departi	ividual Social Security Number) ed by Chapter 304 of the
DATE: We the undersigne Acts of 2004, signe named license and	TELEPHON d, attest that we are d by the building ins	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: <u>NOT</u> Inc.) e certificate required of the fire departs rance required by	ed by Chapter 304 of the nent for the above
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHON d, attest that we are d by the building ins	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: <u>NOT</u> Inc.) e certificate required of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHON d, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire department of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHON d, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire department of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHON d, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire department of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUMBER: 05940024	3	CITY OR TOWN LAWREN	ICE
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: HERIBER	RTO REYNOSO		
DOING BUSINESS A YUMM	Y EATERY		
ADDRESS 385 LOWELL STRI	EET		
CITY/TOWN: LAWRENCE	STATE: MA	ZIP CODE: 01840	
MANAGER: REYNOSO, HERBERTO	TYPE OF LICENSE: Res	ctaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICENSED			
3 ENTRANCES AND 3 EXITS TABLES WITH CHAIRS; COU		ROOM; 1500 SQ.FT. APPROX	Z.' 9
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for the	same premises now licensed;	
2. the licensee has comp	olied with all laws of the Comn	nonwealth relating to taxes; and	
-	open for business (If not expla	· ·	
SIGNED BY			
Individua	l, Partner or Authorized Corpo	rate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest the Acts of 2004, signed by the bu named license and (2) the cert of 2010.	ilding inspector and the head	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 059400244		CITY	OR TOWN	LAWRENC	E	
APPLICATION FO	R RENEWAL:	Annua	.1	LICEN	SED FOR 20	13	
		CLAS	S		,	YEAR	
LICENSEE NAME:	merrimack valley elks	s lodge 1586	inc				
DOING BUSINESS	A						
ADDRESS 9 MASC	ON STREET						
CITY/TOWN: LAV	WRENCE	STATE:	MA ZI	IP CODE:	01840		
MANAGER: WOI REN	· · · · · · · · · · · · · · · · · · ·	OF LICENS	E:Club	CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER Y	OUR EMAIL ADD	DRESS			
DESCRIPTION OF	LICENSED PREMISES	S:					
	KITS; KITHCEN, BAR SECOND FLOOR; OF						
I hereby certify and	swear under penalties of	perjury that	:				
1. the renew	ved license will be of the	e same type f	or the same p	premises now	licensed;		
2. the licens	see has complied with all	l laws of the	Commonwea	alth relating to	taxes; and		
3. the premi	ises are now open for bu	siness (If no	t explain belo	ow)			
SIGNED BY							
	Individual, Partner or	Authorized	Corporate Of	fficer			
DATE: TELEPHONE NU		NUMBER:	,		IDENTIFICATI		
				(Note: NOT Individual Social Security Number)			
Acts of 2004, signe	d, attest that we are in d by the building inspe (2) the certificate of lic	ector and the	e head of the	e fire departı	nent for the	above	
Please Check Below:			LOC	CAL LICENS	ING AUTHO	RITY	
APPROVED:			By:				
DISAPPROVED:							
(If disapproved explain	aın)						
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	9400245		CIT	Y OR TOWN	LAWRENC	CE
APPLICATION FOR RE	Annu	al	LICENSED FOR 2013			
		CLA	SS			YEAR
LICENSEE NAME: Y	VAN PEREZ					
DOING BUSINESS A	SANTIAGO MA	ARKET AND F	LOWERS			
ADDRESS 293 ESSEX	STREET					
CITY/TOWN: LAWRE	ENCE	STATE:	MA	ZIP CODE:	01840	
MANAGER: PEREZ,	YVAN TY	PE OF LICEN	SE:Package	e Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR V	WEBSITE AND ENTER	YOUR EMAIL A	ADDRESS		_
DESCRIPTION OF LIC	ENSED PREM	ISES:				
ONE LEVEL CONVEN AND BACK ENTRANC		E1390 SQ FT .	COOLER	CLOSE TO BA	ACK DOOR.	.FRONT
2. the licensee h 3. the premises a SIGNED BY	are now open fo		ot explain b	elow)	taxes; and	
DATE:	TELEPHO	NE NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below:				OCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			B	y:		
(If disapproved explain)			_			
			_			
DATE:			_			